

2019

Mental Health Disparities for Latino Immigrants & Its Impact on Psychological Well-Being

Ana Do Rosario Sousa
Dominican University of California

Survey: Let us know how this paper benefits you.

Recommended Citation

Do Rosario Sousa, Ana, "Mental Health Disparities for Latino Immigrants & Its Impact on Psychological Well-Being" (2019). *Counseling Psychology | Master's Theses*. 2.
<https://doi.org/10.33015/dominican.edu/2019.CP.01>

This Master's Thesis is brought to you for free and open access by the Department of Counseling Psychology at Dominican Scholar. It has been accepted for inclusion in Counseling Psychology | Master's Theses by an authorized administrator of Dominican Scholar. For more information, please contact michael.pujals@dominican.edu.



o This thesis, written under the direction of the candidate's thesis advisor and approved by the department chair, has been presented to and accepted by the Department of Counseling Psychology in partial fulfillment of the requirements for the degree of Master of Science in Counseling Psychology. An electronic copy of of the original signature page is kept on file with the Archbishop Alemany Library.

Ana Do Rosario Sousa
Candidate

Robin Gayle, PhD, MFT
Program Chair

Carlos Molina, EdD, LMFT
First Reader

Mary McDevitt, LMFT
Second Reader

Mental Health Disparities for Latino Immigrants & Its Impact on Psychological Well-Being

By: Ana Do Rosario Sousa

Dominican University of California

Mental Health Disparities for Latino Immigrants & Its Impact on Psychological Well-Being

by

Ana Do Rosario Sousa

A culminating thesis submitted to the faculty of Dominican University of California in
partial fulfillment of the requirements for the degree of Master of Science in Counseling

Psychology

Dominican University of California

San Rafael, CA

May 2019

Abstract

In the present study, the researcher sought to examine the factors associated with Latino immigrants and the barriers/challenges that are faced in mental health. The main question that the researcher focuses on in the present study is: What are some of the mental health challenges for Latino immigrants & how do these disparities further impact psychological well-being? Furthermore, the research focuses on highlighting the variables that are increasingly damaging to the minority population of Latinos in the United States. These variables include lack of health insurance, stigma, acculturation issues, legal issues, and biopsychosocial factors, such as socioeconomic class. In multiple studies, but particularly one conducted by Cook, Zuvekas, Chen, Progovac, and Lincoln (2016), findings demonstrated that rates of mental illness are similar across most racial and ethnic backgrounds, however the challenges and disparities associated with mental illnesses are greater for individuals who identify with minority populations, or Latino immigrants. These factors negatively impact mental health and the well-being for this marginalized, minority population in the United States. The population in focus for this research are Latino immigrants, both documented and undocumented, that reside throughout the United States, with a sub-focus on those residing in Northern California, Marin County. On top of providing information based on mental health and mental illness through the lens of Latinos in the United States, this manual also hopes to unveil the disparities and challenges associated with help-seeking behaviors, resources, awareness, and stigma, to name a few.

Acknowledgements

First and foremost, I would like to thank my mentor and professor, Carlos Molina, EdD., LMFT, for his patience, support, and endless moments of reassurance and guidance. Without your positive attitude and light humor, I am not quite sure how I would have made it this far.

I am grateful to the colleagues and peers that over the last two years have become my little family and niche, your words of encouragement will forever be appreciated. We should all be incredibly proud of ourselves for the work we have done throughout this program, both academically and within our own selves.

To my family and dear friends, thank you for accompanying me throughout this journey. Thank you for being there for me when I needed a break from life, whether that meant listening to me vent, making sure I took time to care for myself, or filling me with validation and love when I deeply needed it.

To Michael Pujals, thank you for your endless support and help throughout this process of writing my thesis. I deeply appreciate your willingness to help me put this project together.

To Kelli Finely, the world needs more individuals like yourself who are so deeply passionate and dedicated to making this world a better, more honest, more supportive place. You have filled my days with wisdom, encouragement, and hope, even in the darkest of days.

I have been blessed with a support system that has always caught me when I have fallen, and it has made this journey that much more palatable and less intimidating. And to everyone in-between, thank you for teaching me the hard lessons, and helping me grow in a million ways these past two years. This accomplishment would mean little to me if I did not have the people whom I love by my side to share it with. Thank you to each and every one of you that have shaped me into the person I am today.

Table of Contents

Abstract	iv
Acknowledgements	v
Terms & Definitions	viii
Introduction	1
Literature Review	3
Section 1 & 2: Background on Mental Health in The United States for Latinos	4
Section 3: Issues/barriers to mental health treatments	27
Section 4: Background on mental health in Marin County for Latino	64
Limitations	67
Recommendations	69
Conclusion	70
References	72
Appendix A: Research on Psychotherapy Treatment for Depression	80
Appendix B: Research on Psychotherapy Treatment for Anxiety	86
Appendix C: Medication and Treatment Options for Anxiety & Depression	89
Appendix D: Coping Strategies	94
Appendix E: Clinics	97
Appendix F: Organizations & Groups	99
Appendix G: Insurance Information & Background	105

Appendix H: Psychosocial Health Care Factors	109
Appendix I: Insurance Options	115
Appendix J: Anxiety Handouts	118
Appendix K: Depression Handout	120
Appendix L: Coping Worksheets/Handouts	123
Appendix M: Legal Rights Brochure (English & Spanish)	125
Appendix N: Bilingual Resources in Marin County	130
Appendix O: Marin Community Clinics.....	134
Appendix P: Medi-Cal Provider Directory- Marin Coun	139

Terms & Definitions

Below are some common terms that will be repeated throughout the research, and also terms that the author believes are important to define in order for individuals to understand the overall concepts.

Acculturation - “The mutual process of change that occurs when two cultures come into contact” (Lawton et al., 2018, 95).

Biculturalism - “Comfort and proficient with both one’s heritage culture and the culture of country or region in which one has settled” (Schwartz & Unger, 2010).

Depression Caseness - Clinically significant symptoms of depression (Roblyer et al., 2017, 103).

Familism - The idea that family always comes first for Latino families (Lawton et al., 2019, 99).

Health Literacy - “The degree to which individuals have the capacity to obtain process, and understand basic health information and services” (Coffman & Norton, 2009, 117)

Help Seeking Behavior - “A problem focused, planned behavior, involving interpersonal interaction with a selected health-care professional” (Cornally & Mccarthy, 2011).

Hispanic - “People who share the common language that is Spanish” (Garcia-Navarro, 2015).

Latino/a - “Any person of Latin American descent residing in the United States” (Garcia-Navarro, 2015).

Legal Status - “The status defined by law... Citizenship is the status of a citizen with rights and duties” (US Legal, Inc).

Machismo - “Strong or aggressive masculine pride” (Oxford Dictionaries).

Sanctuary - “A broad term applied to jurisdictions that have policies in place designated to limit cooperation with or involvement in federal immigration enforcement actions” (Kopan, 2018).

Suicidality - “The tendency of a person to commit suicide, or the likelihood of an individual completing suicide” (Medical Dictionary).

Undocumented Immigrant and/or Latinos/as - “Someone who resides in a country without proper documentation” (Pew Research Center, 2017).

.

Introduction

The purpose of the current manual is to present information on Latinos and their mental health. The manual's main goal is to gather information regarding the general and overall mental health statistics based on this particular marginalized community, and furthermore examine the claims that Latinos in the United States are under-represented in the health/mental health community. Due to the large disparities in society based on ethnic/racial groups, Latinos face multiple challenges throughout their lives that are often perpetuated by the lack of resources and lack of aid accessible to them. These challenges bleed into the lives of Latinos, both undocumented and documented, and affect their mental health as collateral damage.

On top of providing information based on mental health and mental illness through the lens of Latinos in the United States, this manual also hopes to unveil the disparities and challenges associated with help-seeking behaviors, resources, awareness, and stigma, to name a few.

The current thesis holds a sub-focus on the Latino population in Marin County, California. Due to the fact that one goal of this paper is to provide the general public with the knowledge about the disparities in these communities and groups, the research will address how to increase the awareness of these issues. The manual will provide individuals with local resources, local and global research on the population, and tools for individuals to use when seeking mental health treatment and/or mental health resources.

A compilation of local and general research and scholarly articles will be used to provide readers with the most accurate and important information regarding the Latino population throughout the United States and within the population in focus, Marin County. The resources/tools that will be provided will be created by the author, and the author will also

include resources from other outside sources. Some of these resources will include assessment tools for mental illnesses, informational brochures, coping kits created by the author, contact information, as well as tips and tools for Latino individuals living in Marin County so that community members are able to make the most informed and educated choices regarding their mental health.

The author has taken time to select the most useful and beneficial resources to include to this current manual. At the end of this thesis, one can find a comprehensive community resource for individuals that reside in Marin County that are in search of assistance for their health, both mental and physical, and whom also are Medi-Cal members. This particular document is something that the author is incredibly excited to share with readers, for it includes resources available to a multitude of demographics, lessening the gap of disparities within communities.

Disclaimer: The author would like to make it clear that the terminology used to describe some Latino immigrants (e.g. “Undocumented”), is not part of her personal language. Any terminology used to describe subjects and participants was found in existing research and studies that were selected for this current manual thesis. The author does not wish to offend any individuals throughout this manual, and apologizes in advance for any sensitive topics and terminology that is included.

Literature Review

Section 1 & 2: Background on Mental Health in The United States for Latinos

Mental Disorders: Depression & Anxiety. Mental disorders and illnesses are prevalent throughout and within all ethnicities and races. In fact, having a mental disorder/illness is a public health crisis that does not discriminate based on skin color and one's country of origin. After examining the relationship between mental disorders and diagnoses within the Latino population, it becomes shockingly clear that this marginalized population suffers from mental illness just as often as the rest of the population, and sometimes to a greater extent. These mental illnesses and disorders get perpetuated and worsen over time without the proper access to resources, treatment, and professional help.

In a study conducted by Sanchez, Cardemil, Adams, Calista, Connell, Depalo, Ferreira, Gould, Handler, Kaminow, Melo, Parks, Rice, & Rivera (2014), researchers focused on Latino immigrants from Puerto Rico and Brazil and their respective experiences with mental health. As mentioned by prior researchers and studies, Sanchez et al. (2014) stated the important and prevalent factor that "ethnic minorities experience mental health care disparities in their access to mental health services and the quality of treatment they receive" (16). Consistently, the research on this topic points to mental health disparities and its perpetuation of inequality of care and resources to Latino immigrants in the United States.

The goal of the study by Sanchez et al. (2014) was to shine light upon the role of acculturation and stigma that occurs within the Latino immigrant population of Puerto Ricans and Brazilians, variables that are shown to impact one's help-seeking intentions and behaviors (16).

The participants in this study included 50 Puerto Ricans, 75 Latino immigrants, and 123 Brazilians, totaling to 250 subjects (Sanchez et al., 2014, 19). These subjects were 18 years of age or older, identified as "Latino" or "Brazilian" (Sanchez et al., 2014, 19).

The procedure of the study itself was a structured interview that was run by the researchers with each individual subject. Information that was gathered from participants included demographic information such as: sex, country of birth, medical insurance status, age, marital status, employment, parent's country of birth, yearly household income, years in their current country of residence, history of mental health, substance abuse status, treatments, stigma, and acculturation (Sanchez et al., 2014, 20). All these factors and variables were taken into account to properly examine the level of stigma and discrimination that these individuals experience in response to not only their ethnicity, but also their mental health status.

The researchers assessed stigma by using an assessment tool called the Devaluation-Discrimination Scale (DDS), a 12-item measure of stigma that can calculate an individual's belief of whether people, "will devalue or discriminate against a person who seeks mental health" (Sanchez et al., 2014, 20). Examples of the kind of questions that this assessment tool included are: "Most people think less of a person who has been in a mental hospital," subjects answer questions using a 4-point scale where "1" means that one strongly disagrees, and "4" means that one strongly agrees (Sanchez et al., 2014, 20).

Acculturation was assessed and calculated by using the Brief Acculturation Scale (BAS), a 4-item questionnaire that inquired how often Spanish/English or Portuguese/English was used throughout the subject's interactions (Sanchez et al., 2014, 20). Sample questions include: "I speak to my friends and family in...", subjects respond with a 5-point scale where "1" means "only in Spanish," and "5" means "only in English" (Sanchez et al., 2014, 20).

Results indicated that there is a higher rate of depression and anxiety in the Puerto Rican population than the Brazilian population that reside in the United States (Sanchez et al., 2014, 21). The reasons for this finding are unsure to the researchers, but researchers speculated that

poor health, citizenship status, and physical health problems may be associated to these findings (Sanchez et al., 2014, 21).

Another finding in the research was that Brazilians have a more similar pattern of depression and anxiety compared to other immigrant Latinos than to Puerto Ricans (Sanchez et al., 2014, 22).

Lastly, researchers found that in the sample of Puerto Ricans and Brazilian immigrants, Puerto Ricans showed higher rates of seeking formal treatment and overall higher rates of treatment seeking for depression and anxiety than other immigrant Latinos and Brazilians (Sanchez et al., 2014, 23).

Disparities in mental health often dilute the appearance of the need of mental health resources and treatment for Latino populations due to the overall underrepresentation of this ethnic group in society overall. Underrepresentation and misrepresentation of Latinos in the general population gives the illusion that this population of marginalized individuals do not need mental health resources as much as other groups, and therefore this population's mental illness are ignored and untreated, leading this group to be a high-risk population of mental illness (Cook, Zuvekas, Chen, Progovac, Lincoln, 2016, 405). Cook et al. (2016) stated in their research that improving the accessibility and availability to mental health treatments for Latinos has the potential to reduce the severity and persistence of these disparities in these communities (405).

Cook et al. (2016) focused their research on two different conceptual models, the first being a social-ecological model that was based on one's individual behavior based on their physical and social environments, as well as policies that affect one's social environment (405).

The second conceptual model that Cook et al. (2016) used in their research is the network episode model which is compromised by the idea that in order to fully provide mental health resources to those in need, the approach must be multifaceted and must come from a place that encompasses all areas of one's life. This approach would be one where "mental health care access requires not only understanding behavior change, but also interrelationships among the social context, individual episode factors, the illness history of the individual, social/support networks, and the health care delivery system that lead people to formal treatment," (Cook et al., 2016, 405).

Sample of the subjects for the research focused on a total of 13,211 individuals. The subjects were 18 years or older, and the demographics of the population included Caucasian, African American/Black, and Latinos (Cook et al., 2016, 408).

Results of the research showed that when comparing minorities such as Latinos to Whites, Latinos were less likely to initiate or seek treatment/care (Cook et al., 2016, 412). According to Cook et al. (2016), the reasons why these large disparities exist throughout marginalized communities include: the neighborhood in which one lives and segregation of individuals from resources and aid, in turn this becomes a cyclical problem and continues to perpetuate the status quo (413). This problem quickly becomes a pattern when one who is deeply marginalized becomes caught in the current and layers of disparities. For example: Latino immigrants who live in an impoverished neighborhood do not have the same opportunities and resources available to them (as a White, affluent neighborhood would have on both an attainable and convenient perspective). The reality of living in such conditions where there is an absence and deficit of resources to an ethnic/minority group creates more barriers and challenges. Cook et al. (2016) also stated that there is a shortage of availability of mental health

clinicians and specialists for Latino communities, and that the partial reason for this lies in the stigmas that surround mental illness (423).

A study done by Garcini, Chen, Brown, Galvan, Saucedo, Cordoso, Fagundes (2017) focused on research around undocumented immigrants, a high risk-population of having mental disorders. Their research focused primarily on what they call “post-migration living difficulties” for this particular population of Latino immigrants whom face disorders such as depression and anxiety, which are perpetuated by the stressors they face due to their legal status in the United States (Garcini et al., 2017, 927). Garcini et al. (2017) highlighted that undocumented immigrants often face more abuse (physical, sexual, psychological, verbal), discrimination, isolation, victimization, stigmatization, exploitation, and a range of socioeconomic disadvantages (928).

Subjects in this study consisted of 248 undocumented immigrants from Mexico, ages ranging from 18 and older (Garcini et al., 2017, 928). The researchers wanted to collect data among their subjects of prevalence of mental disorders, so they used multiple measurement tools to measure the following: mental and substance use disorders, socio-demographics, immigration characteristics, and contextual influences (Garcini et al., 2017, 930).

Mental and substance use disorders were measured by using the Mini International Neuropsychiatric Interview V (MINI), this assessment tool was a structured interview that is primarily used in clinical and/or research settings to test for psychiatric disorders (Garcini et al., 2017, 929).

Socio-demographics were measured by the San Diego Labor Trafficking Survey Questionnaire, where questions about age, gender, marital status, educational attainment, and monthly income were collected from the subjects (Garcini et al., 2017, 930).

Next, “contextual influences” were measured by using the Harvard Trauma Questionnaire (HTQ). This survey measured 25-items of traumatic events across seven different domains: “material deprivation, war-like conditions, bodily injury, forced confinement/coercion, forced to harm others, disappearance/death/injury of loved ones, witnessing violence to others” (Garcini et al., 2017, 930).

Another measurement, “immigration characteristics,” was measured by the San Diego Labor Trafficking Survey Questionnaire, which inquired about immigration status within families and between family members, as well as how long the individual has lived in the United States and elsewhere (Garcini et al., 2017, 930).

The last measurement that Garcini et al. (2017) looked at within the population is what they called “RDS questions”. RDS questions were used to gather data regarding the individual’s social network and who within their social groups were also undocumented and facing similar life difficulties due to not having legal status in the United States (Garcini et al., 2017, 930).

Findings indicated that within the sample of 248 immigrants, a quarter of the subjects were diagnosed with one or more of the disorders that were assessed for through the study, the most prevalent of those being mood and anxiety disorders (Garcini et al., 2017, 933).

Suicide. Migrating from one country to another comes with a variety of challenges for many individuals. The cultural norms, values, and expectations that the new country has of its immigrants creates pressure and stress for individuals who are trying to assimilate to a brand new environment and culture. These attitudes perpetuate the difficulties of the process of acculturation, and furthermore can cause individuals to experience greater severity in mental health, or bring forth new mental health challenges.

Researchers conducted a study to examine the correlation and connection between the length of time that one has been in the United States (since time of migration) to rates of suicide, anxiety, and substance use disorders (Brown, Cohen, Mezuk, 2014, 257).

According to Brown et al. (2014), Latino immigrants that migrate to the United States during childhood have higher risks of suicidal ideation, compared to Latinos who do not migrate and remain in their country of origin (258). Additionally, those who migrate as children also face higher rates of probability for mood and impulse control disorders (Brown et al., 2014, 258). According to researchers, this is because when one migrates to a new country, they face large stressors contributed to the disruption that is experienced in one's identity, social networks, employment, and the added stress of the ambiguous and unpredictable nature of their legal status (Brown et al., 2014, 258). The reality of leaving behind an old life and all parts of oneself that identified with and was represented by one's country of origin leads to the consequence of "deflated or unrealized aspirations and expectations" (Brown et al., 2014, 258). Due to the known fact that immigrants move to the United States in search for better opportunities and living conditions for themselves and their families, this population showed an increased risk of suicidal ideation and suicidal behaviors the longer they remained in the United States and did not achieve their expected goals and dreams (Brown et al., 2014, 258).

Findings from the research conducted by Brown et al. (2014) highlighted that for Latino immigrants in the United States, those who reside in neighborhoods with more ethnic diversity will experience greater social support as well as more protection from social adversities (265).

Acculturation was shown to be positively correlated with suicidal behaviors and ideation. Additionally, these high rates of suicide also point to the challenges that immigrants are facing with the process of social integration (Brown et al., 2014, 265). Researchers stressed the fact

that acculturation and difficulties with transitioning into the United States has become a risk factor to suicide (Brown et al., 2014, 266).

Since most immigrants move to the United States for economic opportunities and hope for a better life, the pressure of bettering oneself and the circumstances in one's life fuels suicide and depression when these expectations end in failure for this population. The risk of moving to a country where there is no promise of success, happiness, and finding the opportunities that are lacking in the country of origin, sets many individuals up for a rough wake-up call when the "land of the free" refuses to acknowledge one's existence and suffering.

Additional research further indicates that there is a positive correlation between suicide and immigration (Kposowa, Mcelvain, Breault, 2008, 82). Researchers conducted a study to test and examine the link between immigration and suicide. Their methods to attain the needed data to test this theory included four measures (Kposowa et al., 2008, 82). These four factors included: one's marital status, two separate measures of what the researchers called "social integration," and one's length of residence in the United States (Kposowa et al., 2008, 82).

Due to many factors associated with immigration, there seems to be a direct and positive correlation that exists in connection to suicide for immigrants in the United States. Research states that immigration itself increases the risk of suicide, but also the circumstances that one moves into once they migrate into the United States creates a level of stress and unhappiness which highly impacts the risk of suicide (Kposowa et al., 2008, 82). Some of these stressors are related to acculturation, lack of employment opportunities, poor social integration, anti-immigrant attitudes and behaviors from the host country which included racial slurs, ethnic slurs, and extreme forms of anti-immigration hatred (Kposowa et al., 2008, 83). Researchers found throughout their study that the more negative the commentary one experienced, as well as the

more negative the commentary was received when interacting with other individuals in society, the higher the risk of suicide for this individual (Kposowa et al., 2008, 83).

According to Social Integration Theory, a theory used by Kposowa et al. (2008), the high rate of suicide is prevalent in groups that have difficulty in integrating themselves into society and domestically in the United States, “[p]utatively, immigrants that are more integrated may be at reduced risk for suicide, while those less integrated have elevated risk of suicide,” (83).

The data used for the subjects in this study were compiled by Riverside County Sheriff’s Department in California and Riverside Coroner’s Bureau for information on individuals that completed suicide (Kposowa et al., 2008, 84). A total of 719 cases of suicide were used to compile the data, and the age of individuals used was controlled to 15 years of age or older (Kposowa et al., 2008, 85).

Findings of the research showed evidence to support the theory that social integration has an impact regarding the risk and likelihood of suicide when connected to immigration (Kposowa et al., 2008, 89). The analyses of the data reported that there is also a higher risk of suicide within the immigrant population when individuals are either single or divorced and/or separated (Kposowa et al., 2008, 89).

There is no guarantee for those whom migrate to the United States, many face harsh realities upon moving and find that their expectations regarding both occupation and financial matters are intangible or unattainable (Kposowa et al., 2008, 89). In fact, most immigrants leave their country of origin to not only improve the living conditions for themselves, but also for the family members that they have left behind. The trick to this then becomes that many individuals will work in the United States to support not only themselves, but also their loved ones that are still living in the country they left. Ridicule, shame, and embarrassment becomes a force that

adds pressure and stress to these individuals when they are already struggling to support themselves, but “failed immigrants” are criticized and judged by family members at home who have heard of all the success that is associated with moving to the United States (Kposowa et al., 2008, 90). The stories of success and happiness, and elevation of social status and economic stability, thus becomes an added burden for individuals who have taken on the task of moving to the United States to send remittances to relatives at their country of origin and make a difference in their own lives (Kposowa et al., 2008, 90).

According to Kposowa et al. (2008), in particular, immigrants who are at an even higher and prevalent risk of suicide are those whom just recently moved to the United States (90). The reasoning behind this is that immigrants who recently arrived to America often lack the following: social support, information about how and where to get help in times of a crisis, knowledge about resources and opportunities (Kposowa et al., 2008, 90).

In connection with the research above, researchers examined the risk of suicide and suicidality through the lens of social stressors, drug and alcohol use, and psychosocial factors related to immigration (Borges, Breslau, Miller, Medina, Aguilar-Gaxiola, 2009, 728). Borges et al. (2009) focused on suicide outcomes that particularly examined the concerning factors that worsen the stressors that immigrants face, such as substance abuse/disorders, stressors related to migration, acculturation, social isolation, discrimination, age at which one migrated (729).

Data on this study was compiled by two national surveys, the Mexican National Comorbidity Survey (MNCS) and the Collaborative Psychiatric Epidemiology Surveys (CPES) (Borges et al., 2009, 729). The surveys had a total sample of 5782 Mexican immigrants in the United States, with a subsample of 2362 of individuals who were interviewed to gather more

data regarding measures of mental disorders and risk factors associated with suicide (Borges et al., 2009, 729).

Measures taken from this study focused on suicide-related outcomes, migration experiences, and psychiatric disorders (Borges et al., 2009, 729).

Suicide-related outcomes were measured by using a module that takes into account 3 suicide related outcomes: “suicidal ideation (“Have you ever seriously thought about committing suicide?”), suicide plans (“Have you ever attempted suicide?”, and suicide attempts (“Have you ever attempted suicide?”) (Borges et al., 2009, 729). During the interview, these questions were administered to participants, and those who answered any of the questions which determined a history of suicide were then asked at which age they first experienced those feelings and outcomes (Borges et al., 2009, 729).

Migration experience was measured by asking participants a series of questions regarding their migration to the United States (Borges et al., 2009, 730). These assessment questions included: the motivation and reasoning behind why they chose to migrate to the United States, and whether or not they have relatives that currently live in the United States either permanently or temporarily (Borges et al., 2009, 729). The information gathered based on the variables above, was then organized into three different categories: “(1) labor migrants (those who had stayed in the United States for at least 3 months and gave work as their reason for visiting the United States), (2) relatives of migrants (those with immediate family members in the United States at the time the survey was administered), and (3) those with no migration background (those not in neither migration category)” (Borges et al., 2009, 730).

Psychiatric disorders were measured and diagnosed by utilizing the criteria in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) (Borges et al.,

2009, 730). The disorders that were diagnosed and evaluated from the DSM-IV were then assessed for the potential risk and factors for suicidality (Borges et al., 2009, 730). Participants with disorders were commonly diagnosed with mood disorders, anxiety disorders, impulse-control disorders, and substance use disorders (Borges et al., 2009, 730). When this data was gathered, subjects were then questioned at which age they had first experienced the disorders that they qualified for, and the analyses also took into account social demographics (marital status, age, employment, gender, education) (Borges et al., 2009, 730).

Findings from the research indicated that those who arrived in the United States before the age of 13 years old had a higher risk of suicidal ideation (Borges et al., 2009, 731). Another finding highlighted that Mexican immigrants that had immediate family members in the United States at the time of their migration were at a higher risk of suicide (Borges et al., 2009, 731). Borges et al. (2009) stated in their findings that in particular, “immigration is known to disrupt family ties and may increase feelings of loneliness and insecurity among those left behind... suicide-related outcomes may be an important manifestation either of those stressors associated with disruption of family dynamics or of yet-to-be-identified aspects of having a family member residing in a foreign country” (731).

Trauma. Trauma is often one of the collateral damages that occurs to immigrants in the United States due life events, acculturation, and societal views which lead to damaging behaviors acted upon this group. In a study conducted by Arellano, Olvera, Rodriguez, Hagan, Linares, Wiesner (2018), researchers focused on examining the relationship between one’s experiences with trauma and traumatic events, alongside immigration and their status of mental health (159). In particular, researchers highlighted in their study that those who migrate to the United States are often faced by traumatic circumstances, some of those being threats of “violence, kidnapping,

physical or sexual assault...” (Arellano et al., 2018, 160). These traumatic events are especially probable if one is arriving in the United States by crossing the United States/Mexican border, and when that is the case, there are a lot more chances of traumatic events to occur to these individuals.

The research focused on trauma in what researchers called “in-transit traumatic events”. These events consisted of the trauma that was experienced by the very process of migrating to the United States. The reality of the situation is that Latino/Hispanic immigrants are a vulnerable population in the United States, and when they migrate to America, they are often faced with a multitude of challenges and barriers just even in the process of migrating. The researchers wanted to focus on children immigrants and their traumatic experiences by assessing for trauma in the following ways. Participants were asked to complete the Exposure to Violence Scale (EVS) to compile information to assess for both the existence and frequency of one’s exposure to violence (Arellano et al., 2018, 160). In order to assess for this variable, participants used a response scale from zero to three, where zero equaled “never”, and three equaled “very often”, to the questions assessing trauma and frequency of traumatic experiences (Arellano et al., 2018, 160).

Measurements were taken regarding one’s victimization history and PTSD and major depression. These two variables were measured as described below.

Victimization history was measured by using a structured interview which included questions regarding 40 different kinds of possible experiences of victimization and then further questions about these events to follow-up on the details (Arellano et al., 2018, 163). The interview was structured in order to assess six different categories of trauma exposure, those being “sexual abuse, physical abuse, other physical assaults, witnessing domestic violence,

witnessing community violence, and nonassault trauma” (Arellano et al., 2018, 163). The assessment included questions about whether one experienced an event of trauma during their migration process and then assessed the traumatic event with more specific questions, such as “how old were you when this occurred?” (Arellano et al., 2018, 164).

Depression and Post-Traumatic Stress Disorder were assessed by using the Navy Family Study, NSA PTSD tools, and modules on major depression (Arellano et al., 2018, 165). The DSM-IV was used in order to take into account the criteria for PTSD, Depression, and Major Depression, and these details were used to assess for each potential symptom of these disorders (Arellano et al., 2018, 166).

Researchers focused on a group of 131 youth Hispanic immigrants for their study. Data suggested that Hispanic youth are at a high and disproportionate risk of going through traumatic experiences, opposed to their white counterparts (Arellano et al., 2018, 161). These traumatic events can be described as violence, abuse, and witnessing violence/abuse, furthermore these individuals have a strong, positive correlation to symptoms of mental disorders (Arellano et al., 2018, 161). “PTSD and depression represent the disorders most frequently connected to [trauma] exposure”, but among those two disorders, researchers also found through their study that those who are exposed to trauma can also experience symptoms of unsafe sexual behaviors, substance/alcohol abuse, and difficulties with sleep (Arellano et al., 2018, 161). Additionally, the data suggested that Latino/Hispanic immigrants may be more vulnerable to experience more mental health challenges when they experience a traumatic event when compared to other groups (Arellano et al., 2018, 162).

Among psychosocial trauma that Latino immigrants in the United States are exposed to, this population is faced with high vulnerabilities as far as mental health and disorders.

Additionally, it is not just one's mental health that is significantly impacted, but also physical health and public health consequences are exacerbated by the immigrant experience in the United States. Without taking into consideration the possible exposure to violence and trauma that one faced before migrating to the United States, Latino immigrants face an exacerbation of events and realities that perpetuate further trauma.

One study that focused on the exposure of trauma and violence faced by Latino immigrants before migration and the connection of further exposure and discrimination in America was done by Fortuna, Porche, & Alegria (2008). Researchers focused on the prevalence of one's exposure to violence in their home countries, political violence for example, and the correlation that the exposure to trauma had on mental health and treatments (Fortuna et al., 2008, 434).

The research was based on 160 Latino immigrants and the researchers used a framework that took consideration of the roles of both one's cultural and social circumstances to better understand the level of psychopathology and the use of mental health treatments and services (Fortuna et al., 2008, 435). The study focused on the exposure to a particular form of violence that subjects could have experienced before migrating to the United States, political violence (PV), was calculated by gathering data from each subject (Fortuna et al., 2008, 435).

The underutilization of mental health services by the population of Latino immigrants is chilling due to the amount of trauma and exposure to violence that this population generally experiences. However, the researchers highlight that these disparities in utilization of mental health services and resources is due to the barriers and challenges associated with health care, one's circumstances of the process of mastering the English language, lack of health insurance, legal/documentation status, and financial circumstances (Fortuna et al., 2008, 437).

As prior research has pointed out, some of the cultural barriers that are associated with mental health and treatment/services include shame, guilt, and hesitancy associated with mental health (Fortuna et al., 2008, 437). This added pressure of cultural norms and values, as well as shame associated with seeking professional help for one's mental health, further complicates the status of someone who is dealing with exposure to trauma. For example, it has been reported that Latino men are significantly more influenced by issues surrounding the stigma and discrimination of Latino immigrants in society, but they are also known to be the group least likely to reach out for treatment, services, and counseling (Fortuna et al., 2008, 437). The researchers pointed out that "the very collective nature of [trauma] may also influence coping strategies toward using family and community supports rather than formal health services", this is an important point to focus on as mental health providers and members of society (Fortuna et al., 2008, 437). Due to the nature of trauma and violence that occurs in one's life, it can become normalized that one would reach out to non-professional resources in order to cope and heal from the exposure of scarring events.

According to Fortuna et al. (2008), the framework which focused on the Latino immigrant population pointed to the critical idea that "the risk for psychiatric problems and services is linked to social position, environmental context, and psychosocial factors" (437). This point is important to consider because the disparities in the lives of Latino immigrants have reached the degree of damage and perpetuation that it currently is at due to the systematic impacts and factors that have strengthened them and allowed them to progress further. The social position that one attains in society can dictate how much social mobility or stagnation that will occur, the researchers point to social position factors such as: the social status that one attained in their country of origin; education level; income and financial stability (Fortuna et al.,

2008, 437). Within this framework, the study examined the complex circumstances that make a significant impact in the lives of Latino immigrants in the United States when they are affected by the traumatic life events that have happened to them, as well as their mental health status (Fortuna et al., 2008, 437).

The following measurements were used to assess one's mental health in regards to life exposure of trauma: violence and psychosocial trauma, frequency of trauma, circumstances of exit from one's original country, psychiatric diagnosis, social support, social stressors, neighborhood safety, perceived need for services, and sociodemographic/subethnicity factors (Fortuna et al., 2008, 437).

Violence and psychosocial trauma was measured by using the World Health Organization-Composite International Diagnosis Interview (WHO-CIDI) Trauma Questionnaire (Fortuna et al., 2008, 438). This questionnaire was used as a part of a PTSD assessment, so the questions utilized by the researchers focused on asking participants on specific details of the exposures that they experienced to traumas such as violence, persecution or terror, or political refuge (Fortuna et al., 2008, 438). The questions assessed one's participation or role in trauma and violence that occurred in their country of origin, and also assessed if they had any direct involvement with trauma (such as war) before migrating to the United States (Fortuna et al., 2008, 438). For each event of exposure to trauma/violence, participants were asked at what age they were when they were exposed to the event, how long the event lasted, and how many times the event occurred (Fortuna et al., 2008, 439). Researchers stated that the purpose of this measurement was to "aim to identify situations in which individuals live within, were victims to, or participated in aspects of war or political conflict..." (Fortuna et al., 2008, 439).

Frequency of trauma was measured by examining the experiences that subjects were exposed to, due to the correlation which indicates that those who experience trauma are likely to experience more events of trauma (Fortuna et al., 2008, 439). Often, according to the researchers, the types of trauma can differ, but having experienced trauma presents high risk of experiencing higher frequency of any trauma (Fortuna et al., 2008, 439). The questions used to assess one's exposure to frequency of trauma included three categories: witnessing violence done to others, history of personal experience of assault (including physical, sexual, kidnapping, rape), and experiences of personal loss (death of a loved one) (Fortuna et al., 2008, 439). The variables used to examine the data also included one's age when they experienced trauma, age at the time of migration to the United States, and the age at which one was diagnosed with a mental disorder (Fortuna et al., 2008, 439).

Circumstances of why subjects exited their country of origin was collected by inquiring about the experiences that each person was exposed to. Questions included why one chose to leave their country of origin, the preparation that went into migrating to the United States, the degree of difficulty and frequency that one had in regards to returning home and visiting, and the level of satisfaction with the experiences and opportunities that have been accessible to them (Fortuna et al., 2008, 440).

Psychiatric diagnoses were measured by using the 4th version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (Fortuna et al., 2008, 440). The study also included questions about mental health and diagnosis that examined the total number of diagnosis that subjects have been diagnosed with so that they could gather the most accurate psychiatric history for each subject (Fortuna et al., 2008, 440).

Variables assessing one's social support, stressors, and level of safety in one's neighborhood were examined and weighed by the study as part of demographic information (Fortuna et al., 2008, 440). Variables of age, sex, marital status, education, income, family-based social supports, social stressors were measured using a multitude of tools (Fortuna et al., 2008, 440).

Level of one's family support was measured by asking questions to examine the frequency and degree that one talked to and kept contact with family members in one's country of origin (Fortuna et al., 2008, 440). Frequency was measured to focus on the amount of times that subjects spoke to family members that do not reside in the same household that they are a part of; degree focused on both the level that one feels that they can rely on their family members, as well as the degree that one can open up to their relatives about the difficulties and challenges that are being experienced (Fortuna et al., 2008, 440). An assessment tool called the Family Cultural Conflict Scale, a five-item scale where subjects responded with scores between 1 (hardly ever) to 3 (often), was used (Fortuna et al., 2008, 441). Sample of questions used with this tool included: "Because of the lack of family unity, you have felt lonely and isolated", and "your personal goals have been in conflict with your family" (Fortuna et al., 2008, 441).

Levels of everyday discrimination were used to measure the frequency of occurrence that one experiences unfair treatment, perceived levels of disrespect, experiencing the feeling of others being afraid or uncomfortable around subject, and being called names or insulted by others (Fortuna et al., 2008, 441). Nine items were used from the Detroit Area Study (DAS) to collect scores to show the prevalence of moments of discrimination (Fortuna et al., 2008, 441).

Acculturation plays into the challenges that Latino immigrants face in the United States once they migrate from their country of origin. The Acculturation Distress scale was used from

the Mexican American Prevalence and Services Survey to assess the stress that Latino immigrants feel from the cultural changes that occur in response to experiencing loss of ties to family members and friends, barriers due to lack of proficiency to the English language, stress due to occupational and financial factors, and moments of perceived discrimination connected to one's ethnic/racial identity as well as legal status in the United States (Fortuna et al., 2008, 441).

Neighborhood safety was assessed by using the Neighborhood Safety Scale. This scale focused on three items to examine each subject's experiences and observed degree of safety, and/or experiences with neighborhood violence (Fortuna et al., 2008, 441). Questions were presented to the participants which then were responded to on a scale from 1 (very true) to 4 (not at all true) (Fortuna et al., 2008, 441). Samples of questions/statements used for this measurement focused around variables such as drug use, witnessing individuals being mugged and/or attacked, e.g. "I feel safe being out alone in my neighborhood" (Fortuna et al., 2008, 441).

One's awareness of being in need of mental health treatment and services were measured by what the researchers called "perceived need for services" (Fortuna et al., 2008, 442). This measurement focused on one's anticipated understanding of one's own mental health and substance abuse over their lifetime (Fortuna et al., 2008, 442). A question in the NLAAS was used to assess for "perceived need for services": "at any time in your life did you think that you should talk to a medical doctor or other health professional about problems with your emotions, nerves, mental health, or your use of alcohol or drugs ("yes/no")?" (Fortuna et al., 2008, 442). The researchers highlighted that the awareness that one has for the need for aid for mental health treatment and services can be impacted and influenced by one's cultural beliefs (Fortuna et al., 2008, 442).

Lastly, sociodemographic factors and factors related to one's ethnicity were measured during the study. These variables were taken on a self-report basis where one could express their identity of the subgroup of ethnicity they identified with (e.g. Mexican, Cuban, Puerto Rican, Central American, Caribbean, South American...etc.) (Fortuna et al., 2008, 442). Other demographics taken included: sexual orientation, education level, income, proficiency/exposure to the English language, marital status, insurance status, and age (Fortuna et al., 2008, 442).

Findings suggested that exposure to violence had a correlation with psychopathology and mental disorders, with a high probability of anxiety disorders, mood disorders, post-traumatic stress disorder, especially (Fortuna et al., 2008, 436). Furthermore, through the diligent examination and focus on the influence of life factors and its impact on the mental health of Latino immigrants, the researchers highlighted that many factors contribute to trauma and disparities, some of those included: subethnicity group identification, environmental, psychosocial, socioeconomic, factors of migrating to the United States, acculturation, stressors that occur within the family, levels of support, social hierarchy...etc. (Fortuna et al., 2008, 455).

Findings pointed to the discovery that experiences of trauma and violence are more common among the population of immigrants in the United States, and that the onset of this exposure can lead to more experiences of trauma and/or violence (Fortuna et al., 2008, 455). It is critical, therefore, for immigrants to have mental health services and resources available to them so that their mental health does not continue to plummet with the circumstances and realities of migration (e.g. discrimination, acculturation...etc.) (Fortuna et al., 2008, 455). Additionally, the research showed that this population needs to be better addressed and acknowledged when it comes to health and mental health, because of the probability of higher

rates of disorders and poor health, America is not effectively or justly catering to any of the needs necessary to create a healthy lifestyle for these immigrants (Fortuna et al., 2008, 455).

Section 3: Issues/barriers to mental health treatments

Acculturation. A study conducted by Cobb, Meca, Xie, Schwartz (2017) focused on the undocumented Latino population in the United States and the connections to acculturation, everyday encounters of discrimination, and the correlations to depression and depressive symptoms within this population (258). This particular study looked at the experiences within the undocumented population in society which further complicate and effect the mental health and physical well-being of those that identify with being an undocumented immigrant in the United States (Cobb et al., 2017, 259). Within this framework, Cobb et al. (2017), looked at the collective effects of one's undocumented status, poverty, limits to health care, and minority status, and how these combined identities and lack of resources perpetuate depression and mental illness (259). Participants in this study consisted of 122 undocumented Latino adults, both men and women, age range of 18 to 58 years in Houston, Texas (Cobb et al., 2017, 259).

Researchers took measures on acculturation that focused on three dimensions: ethnic and national cultural identity, cultural competency, language competency (Cobb et al., 2017, 262). The acculturation measures were taken with a scale called the Abbreviated Multidimensional Acculturation Scale (AMAS) which used a questionnaire that provided researchers with scores for national identity, ethnic identity, a 4-point scale (1- strongly disagree, to 4- strongly agree) on questions regarding cultural and language knowledge scales (Cobb et al., 2017, 262).

In addition to the AMAS, the study also used measurements through a scale called the Everyday Discrimination Scale (EDS), a 10-item scale that asked participants about the varied forms of discrimination that they had faced daily for the past year (Cobb et al., 2017, 262).

Lastly, this study also measured depressive symptoms of the participants with a 20-item scale called Epidemiologic Studies Depression Scale (CES-D). The CES-D asked participants to

rate the frequency of their feelings over the past week on a scale ranging from 0 (rarely or none of the time) to 3 (all of the time) (Cobb et al., 2017, 262).

Cobb et al. (2017) found throughout research that discrimination had a positive correlation to an increase of psychological distress, and that discrimination also represented an ongoing stressor for those in this community (264). Other findings suggested that moments of everyday discrimination “not only adversely affects mental health”, but it also has a negative effect that can carry over to other parts of the individual’s life (Cobb et al., 2017, 263). Lastly, this study found that everyday discrimination showed to be a significant predictor of depression and depressive symptoms (Cobb et al., 2017, 264).

Acculturation differences that occur in result of one’s home-country when arriving in the United States marks as a stressor for many immigrants. Lawton, Gerdes, Kapke (2018) examined a different perspective of acculturation that equally creates stressors for immigrant families, parent-adolescent acculturation differences. The role of acculturation in an immigrant’s journey to becoming more adjusted in the United States creates stress and can negatively impact one’s mental health.

Through the lens of research done by Lawton et al. (2018), researchers studied the difficult and delicate relationship that acculturation plays in the connection that parents have with their children, and how these differences that exist between parent and child is related to and perpetuates mental health issues (94).

The delicate dance that occurs for immigrant children once they become accustomed with the new culture’s values, traditions, language, and social norms, while simultaneously living with parents who have not yet adjusted to the American culture, highlights a critical stressor for many immigrant families “[b]ecause immigrants must navigate between two cultures that may differ in

language, values, beliefs, and customs, acculturation may result in psychological distress” (Lawton et al., 2018, 94). Due to this reality for many immigrant individuals and families, the topic of mental health becomes even more crucial to be understood and used in effective ways to provide the help and support that is needed by this population. The level of functioning and cohesion in one’s family can be altered due to this sensitive factor.

The main focus of this study was to explore and delve into how acculturation related to and affected mental health for Latino individuals and families (Lawton et al., 2018, 95). One of the main variables examined “if acculturation differences between Latino youth and their parents and acculturation conflict are related to family functioning and the mental health of adolescents and parents” (Lawton et al., 2018, 95). The variables being examined by researchers in order to investigate this question included: acculturation, mental health within the Latino family dynamic, family factors and its connection to Latino mental health, and conflicts due to acculturation differences (Lawton et al., 2018, 95).

Acculturation, according to the researchers, is defined by “the mutual process of change that occurs when two cultural groups come into contact” (Lawton et al., 2018, 95). This process is not one that is linear, even though many believe that when an immigrant migrates to another country they start losing aspects of their culture of origin, while they simultaneously gain the aspects of the new culture they are immersing themselves into (Lawton et al., 2018, 95). Instead, this process of acculturation is multidirectional: researchers suggest that “identification and involvement with the new culture is independent of identification and involvement with the culture of origin” (Lawton et al., 2018, 95). Additionally, this process is not only difficult for Latino immigrants, but also brings forth changes for the individual in areas of behavior and cognition (Lawton et al., 2018, 95).

Subjects in this study consisted of 84 Latino adolescents (and their parents) between the ages of 11 to 17, and each participant had one parent participate in the study (Lawton et al., 2018, 98). Acculturation was measured by using a bidirectional assessment tool called the Acculturation Rating Scale for Mexican Americans-II (ARSMA-II), this tool consisted of 30 items that focused on each individual's orientation to their original Mexican cultural orientation and Anglo orientation (examined by both the Mexican Orientation Subscale and the Anglo Orientation Subscale) (Lawton et al., 2018, 99). Behavioral acculturation was studied with these scales as they delved into one's observable preferences, such as which language the individual felt most comfortable speaking, as well as which language that thinking was done in for the individual (Lawton et al., 2018, 99).

Another measurement used to assess mental health within the frame of the family was called the Mexican American Cultural Values Scale for Adolescents and Adults (MACVS). This tool included 50-items that examined cultural constructs that are relevant to both Latino culture and American mainstream culture, in hopes of getting a measure on one's acculturation through the lens of cognitive variables (Lawton et al., 2018, 99). This scale gathered multiple variables that were relevant to the familial cultural values of Latino immigrants, some of those variables include: "familism (e.g. parents should teach their children that family always comes first), respect (e.g. children should respect adult relatives as if they were parents), religion (e.g. God is first, family is second), and traditional gender roles (e.g. families need to watch over and protect teenage girls more than teenage boys) (Lawton et al., 2018, 99).

Mainstream American values that were taken into consideration for this assessment measurement included: the idea of material success (the ability to own nice and expensive things, as well as purchasing and consuming goods that promotes happiness to oneself), self-reliance

and independence (as one progresses in life and gets older, their guardians and parents give their children autonomy and allow them to make their own decisions), and finally, personal achievements and competition (parents should prepare their children and teach them on how to achieve and win in life) (Lawton et al., 2018, 99).

Acculturation conflicts were measured by using a scale that consisted of 4 items, where subject's responses were submitted on a 5-point scale that ranged from responses of "not at all" to "frequently" (Lawton et al., 2018, 100). Examples of sample questions used for this measurement included questions assessing the relationship between parents and children whose relationships are impacted by acculturation differences, "how often have you had problems with your family because you prefer American customs?", or "how often do you get upset at your parents because they don't know the American ways?" (Lawton et al., 2018, 100).

Next, researchers used the Family Adaptability and Cohesion Evaluation Scale-IV (FACES-IV), a scale of 62 self-reporting items that sought to measure information regarding one's family functioning (Lawton et al., 2018, 101). For this measurement, the researchers used two subscales to measure one's familial adaption and cohesion, one of them was the Family Satisfaction Scale (Lawton et al., 2018, 101). This scale consisted of 10 items which were measured by using a scale from 1 to 5 ("very dissatisfied" to "extremely satisfied") (Lawton et al., 2018, 101). Examples of questions used to assess one's adaptation and cohesion in the family unit included: "your family's ability to cope with stress", or "family members concern for each other" (Lawton et al., 2018, 101). The other subscale used for this measurement was the Family Communication Scale, a 10-item scale that was measured on a scale from 1 to 5 (strongly disagree to strongly agree) (Lawton et al., 2018, 101). Samples of questions of how researchers used this subscale to assess communication throughout one's family dynamic include: "family

members are good listeners”, or “family members try to understand each other’s feelings” (Lawton et al., 2018, 101).

Depression was measured by utilizing the Beck Depression Inventory-II, a 21 self-report item that assessed possible symptoms of depression for individuals (Lawton et al., 2018, 101). Each item presented had four choices for respondents to choose from when they were asked to pick a statement that most reflected how they had been feeling in the last two weeks (Lawton et al., 2018, 101).

Anxiety was measured by using the Beck Anxiety Inventory (BAI), a measurement that used 21-items to assess one’s symptoms of anxiety (Lawton et al., 2018, 101). Each item on this inventory scale questioned respondents how they rated the level of distress or difficulty that they felt with each symptom (e.g. “nervous, unsteady”), which was further rated on a 4-point scale that ranges from 0 to 3 (not at all to severely) (Lawton et al., 2018, 101).

The last measurement taken by this study examined the psychopathology that existed within each participant. The Achenbach System of Empirically Based Assessment (ASEBA), a self-report scale that focused on 3-items, was the tool used to measure emotional and behavioral problems within children (Lawton et al., 2018, 101).

It is known that some symptoms of acculturation include significant challenges: discrimination, poverty, large disparities in health care, inequalities in housing for Latino immigrants (Lawton et al., 2018, 95). Other challenges for acculturation include the effects that occur in response to the direct connection between mental health within the family dynamic (Lawton et al., 2018, 95).

Findings indicated that when examining how the level of acculturation for an individual was related to the mental health challenges in one’s family, “family functioning mediates the

relationship between acculturation differences” (Lawton et al., 2018, 107). Differences in acculturation, specifically between the Latino culture and the American culture, can reconcile the outcomes in mental health for Latino families (Lawton et al., 2018, 107). In turn, this means that acculturation differences between one’s culture of origin and the new culture can be mediated by the degree of functioning in one’s family. Additionally, researchers found evidence to support another hypothesis which stated that there is a “conditional indirect effect... for Latino cognitive acculturation differences on adolescent externalizing problems via family functioning” (Lawton et al., 2018, 107). To be clear, finding evidence to this hypothesis means that when individual’s used their Latino acculturation, it served to a degree as a protective factor for adolescents, but it also was found to be negatively related to parent reported externalization of symptoms (Lawton et al., 2018, 108). On the other hand, the study did not find any evidence to point to the factor of adolescents internalizing their problems due to degree of family functioning (Lawton et al., 2018, 107).

Researchers found throughout the study that “adolescent-reported acculturation conflict was positively related and had a significant main effect for internalizing symptoms, and family functioning was inversely related to adolescent internalizing problems” (Lawton et al., 2018, 107). Mental health and family functioning was shown to be connected in ways where not only the children were affected, but also the parents (Lawton et al., 2018, 107).

According to Lawton et al. (2018), acculturation challenges also effected the mental health of parents in the study, by means of family functioning (109). Specifically, differences in cultural orientation and difficulties with acculturation between child and parent, as well as one’s family functioning, was found to be associated with an increase in problems related to parental mental health (Lawton et al., 2018, 109).

Stigma & Discrimination. Young & Rabiner (2015) conducted research based on the hypothesis that parents perceive mental health treatment and mental illness with negative attributes based on their ethnic background, and also what kind of treatment that is received based on mental health need (Young & Rabiner, 2015, 267). The three main barriers that the researchers highlighted in their research included: socioeconomic barriers, stigma-related barriers, and logistical barriers (Young & Rabiner, 2015, 267).

The socioeconomic barriers related to mental health can be identified as being part of a low socioeconomic class, being part of a minority race and/or ethnicity, lacking medical insurance and benefits (Young & Rabiner, 2015, 266). Those with a multitude of socioeconomic barriers are less likely to seek, initiate, and continue treatment, and they are also less likely to use mental health services in future moments of need (Young & Rabiner, 2015, 266).

The second barrier, stigma-related barriers, is one where belief systems are involved. According to Young & Rabiner (2015), “most research on stigma and mental health focuses on adults and has generally shown that stigma is inversely related to mental health service utilization” (268). Stigmas associated with mental health diagnosis and the use of mental health services and treatments can lead to the hesitation of seeking resources and help (Young & Rabiner, 2015, 268).

The sample used for the research included 275 parents, of which 29.1% consistent of Hispanic families, the data gathered was based on children in the age range of 9-13 (Young & Rabiner, 2015, 267).

Results of the study demonstrated that compared to Caucasian parents, minority parents reported higher rates of barriers when accessing mental health resources and treatments (Young & Rabiner, 2015, 270). Other findings in the research highlighted that distance to one’s doctor’s

office and clinic, as well as limitations associated with one's health insurance, are prevalent barriers for Hispanic families, compared to Caucasian and other minority families (Young & Rabiner, 2015, 270).

Due to the disparities to resources and accessibility to mental health resources and lack of psychoeducation of mental illnesses, Latino immigrants are prone to underutilize mental health services and treatment services compared to all other ethnic groups (Dueweke & Bridges, 2017, 28). Despite the statistics that Latino immigrants are in need of mental health services just as much as other ethnicities, the existing lack of education and information creates stigma around depression and suicide which further hinders Latino's attitudes to seek help (Dueweke & Bridges, 2017, 28).

Dueweke & Bridges (2017) focused their research on psychoeducation around mental illness and treatment in hopes of increasing mental illness "literacy", decreasing stigma around suicide and mental illness, and increasing positive and more open attitudes towards help-seeking behaviors (Dueweke & Bridges, 2017, 28). The stigma around mental health lies in the misconceptions of mental health, and the cultural factors and cultural values that impede Latinos from seeking help (Dueweke & Bridges, 2017, 29). Dueweke & Bridges hypothesized that providing psychoeducation to participants would create an outcome of an increase in mental health literacy, decrease in stigma, and increase in help-seeking behaviors and attitudes (Dueweke & Bridges, 2017, 29).

The subjects in the study consisted of 78 Latino immigrant adults. Participants ranged in ages from 21 to 70 years old, "70.5% female... [85%] of the participants identified as Mexican, 8% identified as being from another country in Central America, 6% identified as Puerto Rican, and 1% identified as South American" (Dueweke & Bridges, 2017, 31).

The research measured mental health literacy, stigma, and help-seeking attitudes with the following measurement tools.

Mental health literacy was measured by the Literacy of Suicide Scale (LOSS), a 12 true-or-false form which accessed one's knowledge on mental health (Dueweke & Bridges, 2017, 32).

Mental health stigma was measured by the Social Distance Scale with a five item questionnaire which asked subjects regarding the probability of interacting with a suicidal individual from a case study vignette (Dueweke & Bridges, 2017, 32).

Lastly, help-seeking attitudes were assessed using the Attitudes Toward Seeking Professional Psychological Help Scale- Short Form (ATSPPH-S), which consisted of 10 item questionnaire on a 4-point scale (0- disagree, 3- agree). The participants were asked questions which measured one's attitudes towards seeking mental health treatment (e.g. "the person described in the vignette is not likely to solve his emotional problems... [without] professional help") (Dueweke & Bridges, 2017, 32).

Depression was measured using the Center for Epidemiologic Studies Depression Scale (CES-D), which consisted of 20 items that inquired about one's depressive symptoms within the last 7 days (Dueweke & Bridges, 2017, 32).

Findings showed that psychoeducation on mental health had a small effect on mental health literacy, but a significant one, nonetheless (Dueweke & Bridges, 2017, 37). Other findings suggested that the psychoeducation used, a style called "passive" psychoeducation (e.g. brochures, flyers...etc.), was not effective in changing the stigma nor the help-seeking attitudes that Latinos have regarding mental health and mental illnesses (Dueweke & Bridges, 2017, 37).

In a study by Garcini, Chen, Brown, Galvan, Saucedo, Cardoso, Fagundes (2018), researchers focused on the idea behind discrimination and how it intersected with one's

experiences with trauma. The population of undocumented Latino immigrants in the United States are considered to be a high-risk population of both trauma and discrimination due to the level of psychological distress associated with past events of discrimination and trauma (Garcini et al., 2018, 1).

Levels of psychological distress due to experiences of everyday and “interpersonal discrimination” can often become chronic and overwhelming for minorities who are facing the harsh realities in this country due to their lack of documentation (Garcini et al., 2018, 1). Some of the background data presented by the researchers highlight the idea that those who face ongoing, chronic stressors in their daily lives face more challenges and worse health/mental health conditions that often produce immense damaging effects to one’s life (Garcini et al., 2018, 1).

Part of the problem, according to Garcini et al. (2018), is that the United States has created an image that demonizes undocumented immigrants and paints this population in a dark and menacing light. These attitudes that are then created out of the views of society, politics, and policies reflect stereotypes that are created out of miseducation and misinformation from policy makers and/or society, which creates a deeper rabbit hole. Latino immigrants have to then live in a society where they are not only seen as a problem, but there are no resources available for their challenges, which thus reinforces their “problematic” attitudes which leads society to label them as lazy, incompetent, and free-loaders, “The undocumented stereotype (e.g. limited or no English proficiency, low socioeconomic status, and brown skin) is at risk of interpersonal discrimination regardless of his or her immigration status” (Garcini et al., 2018, 2).

The researchers measured their hypothesis on the following demographics: 246 Mexican immigrant adults that were 18 years of age or older, and the subjects were living near the California/Mexico border (Garcini et al., 2018, 2).

Measurements and data were collected on the following variables: interpersonal discrimination; psychological distress; socio-demographics, immigration characteristics, and trauma history; and RDS questions (Garcini et al., 2018, 3).

Interpersonal discrimination was assessed by using a set of questions that were developed for the use of this study (Garcini et al., 2018, 3). There were a total of four questions: the first two questions focused on the daily interactions that the subjects had regarding discrimination, while the last two focused on assessing those who were undocumented and faced interpersonal discrimination (Garcini et al., 2018, 3). The responses were rated on a scale ranging from 0 to 3 (0 meaning “not difficult”, and 3 meaning “extremely difficult”). Examples of questions used for this measurement was the following: “Have you experienced a change in how you are treated by other people for not having a visa or for being undocumented?” (Garcini et al., 2018, 3).

Psychological distress was measured by a 53 item, Spanish questionnaire called the Brief Symptom Inventory (BSI). This assessment tool examined psychological distress by focusing on nine different dimensions. The items were rated on a scale from 0 to 4 (0 standing for “not at all”, 4 meaning “extremely”) (Garcini et al., 2018, 3).

Socio-demographics, immigration characteristics, and trauma history were assessed by a survey questionnaire model: 2009 San Diego Prevention Research Center and the San Diego Labor Trafficking Survey Questionnaire (Garcini et al., 2018, 3). The demographic variables collected information based on age, marital status, education, employment, income, immigration history, time lived in the United States...etc. (Garcini et al., 2018, 3).

Measurements of what the researchers called “RDS” questions were created to identify the social connections and networks that each individual participant had to friends/family that were also undocumented and facing the same challenges (Garcini et al., 2018, 3). This information was used so that researchers could recruit more members of the target population (Garcini et al., 2018, 3).

The findings of the research demonstrated that negative stereotypes about Latino immigrants are prevalent in society to the extent where “stereotypes that portray undocumented immigrants as a burden to society and a danger to public safety are not only making these immigrants targets for interpersonal discrimination, but it is also possible that these negative stereotypes may lead [them] to internalize feelings of guilt, shame, and blame associated to such stereotypes” (Garcini et al., 2018, 6). Furthermore, a subgroup that was focused on for this study consisted of undocumented Latino men. This subgroup of Latino men often faced harsher and more frequent experiences of interpersonal discrimination in response to their legal status in the United States (Garcini et al., 2018, 7). According to researchers, this may be due to the fact that immigrant Latino men are more exposed in social environments due to job-seeking attitudes and behaviors, which opens up more opportunities to experience discrimination and intolerance from society (Garcini et al., 2018, 7).

These attitudes that are created by society members against Latino immigrants are distressing, damaging, and further perpetuates the disparities that exist not only in the areas of mental health and treatment, but among all other important and critical areas of one’s life (e.g. work, education, opportunities, and resources to a better life). With these attitudes alive and multiplying, it becomes difficult for someone in this position to create a different reality for themselves and their families.

Help Seeking Predictors. According to research by Cabassa & Zayas (2007), the way which individuals perceive mental health and depression plays a role in whether or not they will seek help (230). This study examined the roles that the perception of an illness, depression, and one's cultural beliefs and norms play on a Latino individual, and how likely they are to seek informal vs. formal help to cope with their mental health challenges (Cabassa & Zayas, 2017, 231).

This study used a conceptual model that drew from two different theories of health behavior: Theory of Resonated Action (TRA) and Self-Regulatory Model of Illness Cognitions (SRM) (Cabassa & Zayas, 2017, 232).

The TRA examined the relationship between the attitudes towards treatment for mental illnesses, the subjective and cultural norms of the population, and the resulting outcome and intention of individuals to seek or not seek treatment for their depression (Cabassa & Zayas, 2017, 232).

The second theory used in this study, the SRM, made the assumption that in general, individuals are “problem-solvers” who utilize their perceptions regarding illnesses to create some meaning-making of their experience and ultimately, this outlook and belief impacts how one copes and responds to their illness (Cabassa & Zayas, 2017, 232).

Both the measures used in this study were chosen to look closely at how the patterns of attitudes, perception, and information that individuals hold about their depression impact their health decisions regarding treatment. In connection to the two theoretical measurements used, the researchers also focused on the demographical information for each subject which included: health insurance status, clinical characteristics, possible barriers to mental health care, history of past services utilized (Cabassa & Zayas, 2017, 232).

The subjects in this study consisted of 95 adult Latino patients (18 and older), both men and women, in St. Louis, Missouri (Cabassa & Zayas, 2017, 233).

The results indicated that the subjects had a rate of depression which was higher than what is seen in general primary care samples and higher than low-income primary care patients (Cabassa & Zayas, 2017, 235). According to Cabassa & Zayas (2017), the subjects in their studies had 5 common barriers to seeking mental health services. These 5 barriers include: financial inability to pay for services, lack of health insurance, long waiting times at the clinics, facing language difficulties, and not knowing where to seek services (Cabassa & Zayas, 2017, 235).

The overall findings of this study showed that depression was a prevalent and striking experience for this sample of the Latino population, and the research highlighted the need for psychoeducation of mental illnesses and their existing treatments as a form of intervention (Cabassa & Zayas, 2017, 239).

Latino immigrants suffer from challenging mental health problems in the United States, and their culture of origin often makes it difficult for them to seek the help that they need. According to Garcia, Gilchrist, Vasquez, Leite, and Raymond (2010), it is not that Latino immigrants do not want to seek professional help and practice help-seeking behaviors when they are faced with mental health problems, instead they often do not know how to properly find and access this kind of help and care, or they struggle with finding adequate services that are available to them (Garcia et al., 2010, 500).

Issues in the area of mental health for Latino immigrants become complex problems because they not only include one's psychological well-being, but also are influenced and impacted by one's economic and societal implications. Part of these societal implications

include the level of stigma that one's culture holds about mental illnesses and mental health problems.

Because Latino cultures are known to be collectivistic by nature, and also emphasize one's community and the sense of togetherness over individuality, there is a large commitment to one's family (Garcia et al., 2010, 501). Stressors related to acculturation for Latino immigrant parents and their children have been shown to greatly impact one's mental well-being (Garcia et al., 2012, 501). This stress due to acculturation and patterns of family togetherness becomes amplified with the fears that are associated with immigration status and the risks of separation among family members (Garcia et al., 2012, 501). Feelings of hopelessness, depression, and anxiety are common for Latino immigrants who face the challenges of being undocumented or having a family member who is not documented in the United States (Garcia et al., 2012, 501).

When two cultures are intertwined, it can become difficult to manage the differences that come along with implementing the new norms and expectations of the host culture, and it can become a tricky dance for Latino families with children when they are forced to maneuver between both cultures (Garcia et al., 2012, 501). This maneuvering between two opposing cultures results in disrupted roles for the children of Latino immigrants (such as when a child has to interpret English for their Spanish-speaking parents), and can impact the skills of one's autonomy and independence (Garcia et al., 2012, 501).

Latino culture also carries the stereotypes associated with gender roles, such as "Machismo" cultural beliefs for men, and these stereotypes are deeply rooted in their traditions and cultural values (Garcia et al., 2012, 501). The view of "Machismo" can often make mental health problems be perceived as a weakness and character/personality flaw of an individual, rather than a medical condition that should be treated and examined properly by professionals

(Garcia et al., 2012, 501). This factor makes it difficult for certain individuals in the Latino culture to accept that people, in particular Latino men, have mental illnesses, and therefore decreases their help-seeking desires and attitudes (Garcia et al., 2012, 501).

For other Latino individuals, mental health illnesses and mental health problems are seen as conditions that result from magical or spiritual causes, this is true to them even though there are biochemical explanations for mental health conditions that exist among the Latino population (Garcia et al., 2012, 501). This belief of a mental health problem being an outcome of religion or magic dilutes the seriousness of one's condition, and dissuades someone from seeking professional help when it is needed (Garcia et al., 2012, 501). Furthermore, even when medical treatment and help are sought after, it is likely that the Latino population will go to their primary care doctors, and although it is better than not seeking any help whatsoever, this is not the ideal place to seek mental health resources and treatment (Garcia et al., 2012, 501). Latino immigrants are likely to seek mental health help from primary care because of any or all of the following factors: lack of health insurance, cultural beliefs and considerations of mental health problems, lack of appropriate services (e.g. linguistically, developmentally, and culturally appropriate resources), and personal factors to each individual (e.g. help-seeking beliefs and behaviors) (Garcia et al., 2012, 501).

The researchers sought to examine the beliefs that exist within one's family microsystem, specifically, Latino adults/parents regarding mental health (Garcia et al., 2012, 501). They used a theoretical framework that identified the variables and factors within one's life that serve as barriers to accessing mental health and health care (Garcia et al., 2012, 502).

The study consisted of 234 Latino immigrants, both adults and children (Garcia et al., 2012, 503). Findings indicated that out of all the subjects in the research, less than 25% were

informed properly about mental health resources (Garcia et al., 2012, 505). This finding is concerning and highlights the need for psychoeducation and help that this population is in dire need of.

Other findings also supported previous research on the limitations that negatively impact the knowledge and accessibility to resources that the Latino population in the United States has regarding mental health (Garcia et al., 2012, 505). Specifically, barriers to mental health that are connected to “limitations to language, cultural relevance, and developmental appropriateness” shows the lack of mental health specialists that are both bilingual and bicultural plays a part in the role of shortcomings for this community of individuals (Garcia et al., 2012, 505). The data showed that there is a preference for Spanish speaking medical providers who also respect and understand the Latino culture and the values/beliefs associated with those cultures (Garcia et al., 2012, 505).

Furthermore, because Latino culture has a strong focus on collectivism of the family unit, it is important for interventions of health and mental health to cater to the family system as a whole (Garcia et al., 2012, 506). For example, Garcia et al. (2012) suggested that treatment and interventions for mental health should come from a perspective of the family, and thus should not only include the parents, but also include the psychoeducation of the mothers and fathers so that they may accurately be informed and understand the mental health issues that exist, including the symptomology and risks associated with the disorder/illness (506).

Family & Cultural Factors. The way in which cultures perceive mental illness and mental disorders can have an impact on the ways that diagnoses get treated. In particular, cultural beliefs play a role in how motivated/willing someone is to go after professional treatment when in need.

A study by Schock-Giordano (2013) focused on the mental well-being of individuals and how mental health can be impacted by the way families/parents respond to and perceive mental illness (1). Ethnic families differ from Caucasian families on how they deal and respond to mental illness and mental health, according to Schock-Giordano (2013) (1).

The purpose of the study was to focus on ethnic families and mental health, the stressors that affect mental illnesses that occur throughout immigrant families, and how they cope and make sense of the mental health issues that come up for them (Schock-Giordano, 2013, 1). According to Schock-Giordano (2013), “ethnicity can have a significant impact on how families perceive and treat mental illness” (2). The lack of understanding of immigrant and ethnic families and how they cope with mental health and mental illness is the primary focus of the research done (Schock-Giordano, 2013, 2).

The participants in this study consisted of data taken from a 2004 census; 2,554 Latinos were stratified into ethnic subgroup categories: “Puerto Rican, Cuban, Mexican, Other Latinos” (Schock-Giordano, 2013, 2).

The model used by the researcher “ABC-X” model, focused on 3 main variables: “A: Mental Illnesses in Ethnic Families”, “B: Resources”, “C: Family Perceptions”, “X: Outcome and Implications” (Schock-Giordano, 2013, 3). Factor A referred to the stressor(s) or event(s), which were also identified as the mental illness that plays a part of the family dynamics; Factor B referred to the resources that were available as coping mechanisms and tools for the family and individuals within the family; Factor C pertained to the actual perceptions of mental illness that the family held, as well as the family’s overall views and opinions about mental illness that then get depicted as behaviors and attitudes within and throughout the family that impacted the family member(s) with a mental illness (Schock-Giordano, 2013, 3).

The outcome and results of the study reported through the family stress model that when mental health issues were present, a variation of possible and negative outcomes can occur due to the stressor itself (the mental illness), the resources that are available (within the person, within the family, and within the community context), and the perceptions held about mental health/illness (Schock-Giordano, 2013, 4).

The findings indicated that “among Latinos with a diagnosable mental health disorder, fewer than one in eleven contact a health professional for treatment, compared one of every three non-Hispanic whites” (Schock-Giordano, 2013, 5). These findings highlighted and provided more evidence to the idea that resources are scarce and lacking for Latino immigrants, which creates a huge gap in representation and support for those who are in need. Geographical proximity and accessibility to resources and medical treatment affect both the quality and legitimacy of treatment options for Latino immigrants (Schock-Giordano, 2013, 5).

Within the population being studied, it is known in the research that Latino immigrants often seek non-professional help, such as extended family members or friends, instead of professional help for their mental illness. This is partly the cause of cultural beliefs and religion, according to Schock-Giordano, because there is a high value for being self-reliant and not being perceived as weak by others (Schock-Giordano, 2013, 4). The stigma connected to mental health and mental illnesses in ethnic and immigrant families often hinder the individual from seeking help and treatment, “individuals in the family do not want to admit having mental health problems, and the family does not allow for non-familial persons to become aware of or help with mental illnesses that may exist within the family system” (Schock-Giordano, 2013, 4).

Religion and faith are used by Latino immigrants as way to cope with life difficulties, such as mental disorders and mental illnesses. This is partly the reason why some

ethnic/immigrant families will not seek professional help for their challenges with mental health. “Findings have shown that [Latino] families are more likely to use religion, faith, and reframing as a coping mechanism compared with Caucasians” (Schock-Giordano, 2013, 4).

Schock-Giordano (2013) stated that there needs to be an improvement in the mental health system, as well as in public policy, so that more services are delivered to immigrant and ethnic families (5). Some initiatives that are suggested included: “comprehensive public awareness educational campaign that addresses symptoms, course, and treatment plans related to mental illnesses”, an increase in variety and quality of services available for the Latino population, increase of locations and availability of appointments, bilingual establishments, improvements within the insurance coverages, and cultivating a workplace that enhances opportunities and support for treatment (Schock-Giordano, 2013, 5).

Some familial and cultural differences become difficult to navigate within family dynamics. For example, Cespedes & Stanley (2008) highlight that a discrepancy exists between parents and children due to acculturation (168). This discrepancy brings about negative consequences in mental health for Latino youth due to the increase of conflict and decrease in cohesion within the family structure (Cespedes & Stanley, 2008, 168). The researchers stated that “[a]cculturating youth may actively challenge the traditional attitudes and beliefs of their immigrant parents”, this in turn creates an environment of clashing beliefs and causes a deterioration in the level of functioning for the family, and additionally also increases the level of emotional distress that is experienced for both parents and children within that family structure (Cespedes & Stanley, 2008, 168).

In particular, within Latino culture, there is a difference between gender roles and the expectations of their culture of origin, compared to the expectations and gender roles within the

American culture (Cespedes & Stanley, 2008, 168). Latino families hold their daughters and sons to different standards and expectations, which are often set and based off the cultural beliefs and values from their country of origin, but they are met with resistance and pressure from the host country when their children start aligning more with the norms and expectations that is set by American culture (Cespedes & Stanley, 2008, 168). This shows to be a contributing factor of mental illness when one already has symptomology and/or a diagnosis (Cespedes & Stanley, 2008, 168).

Cespedes & Stanley (2008) focused their research on links between the cultural “discrepancies” that exists between American culture and one’s culture of origin, to depression and its symptomology among children of Latino immigrants (168). In their study, researchers gathered 130 participants, all of which were enrolled in a High School located in Los Angeles, California (Cespedes & Stanley, 2008, 168).

Findings showed that divergences and inconsistencies of gender roles between one’s original culture, compared to the gender roles and norms that are established in the United States, showed to have a significant correlation with depression in adolescents and a strong correlation to family dysfunction (Cespedes & Stanley, 2008, 168). Results also highlighted the dysfunction in family structure which can contribute to the complex relationship between gender roles and depression in adolescents (Cespedes & Stanley, 2008, 171).

Additionally, the researchers suggested that “maladaptive family interactions may be an important target of interventions when treating depressing youth from immigrant backgrounds” since cultural values/expectations play an important role between the relationship cultivated between Latino immigrant parents and their children (Cespedes & Stanley, 2008, 171).

Cultural variables can affect the level of psychological distress that Latino immigrants feel. As it has been shown above by Cespedes & Stanley (2008), researchers Cuevas, Sabina, and Bell (2011) conducted research which examined this question of whether or not cultural variables and one's psychological health are connected for Latino immigrants, and their research highlighted important findings on this topic.

A reoccurring topic among Latino immigrants and psychological distress is victimization (Cuevas et al., 2011, 1430). According to Cuevas et al. (2011), Latino immigrants are often victims of maltreatment, trauma, and multiple forms as well as prolonged forms of abuse/victimization (1430). Within those individuals who have experienced multiple kinds of trauma and violence, they are more likely to also experienced Post Traumatic-Stress Disorder, unstable lifestyles, depression, poor adjustment, suicide attempts, and at risk of psychopathology (Cuevas et al., 2011, 1430). Cuevas et al. (2011) hypothesized that a multitude of cultural factors play a role in the increase of psychological distress that Latino immigrants experience, some of those cultural factors being: the cultural belief of unconditionally respecting one's parents, religion, gender roles, and familism (1431).

Rigidly maintaining the cultural traditions and expectations of one's country of origin comes at the cost of not adapting to the host culture's norms and traditions, which can further perpetuate distress and challenges in acculturation (Cuevas et al., 2011, 1432). Acculturation for Latino immigrants can be tricky, because it is a multidimensional process where an individual not only has to adapt to the new culture, but also adapt to its new identifications, behavioral practices, and values (Cuevas et al., 2011, 1432).

Cuevas et al. (2011) focused their study on a total of 2,000 participants who were above the age of 18, the method at which the study was conducted was through interviews over the

phone and computer-assisted telephone interviewing (CATI) (1434). 89% of the subjects were Mexican-immigrants, and they gathered demographic information regarding one's experience of abuse, victimization, violence, as well as one's education level, their immigration status, and their preference/mastery of language (Cuevas et al., 2011, 1436).

According to the researchers, findings showed that cultural factors played a role in the symptomology and psychopathology for Latino immigrants (Cuevas et al., 2011, 1433). In fact, those who are able to not only adapt to the new host culture/country and keep parts of their culture of origin, also known as biculturalism, were shown to have "lower rates of... problems, the best adaptive patterns, and higher levels of competence, adjustment, and achievement styles" (Cuevas et al., 2011, 1432). Acculturation was found to play a strong role in one's psychological distress, and cultural variables were shown to impact one's symptomology of depression, dissociation, and anger (Cuevas et al., 2011, 1445). Cuevas et al. (2011) highlighted that "acculturation plays a role in the experience and/or expression of emotions; especially, the shift and integration into the host culture can result in increased [symptomology]" (1446). For individuals whom relate more closely with and reflect better with their culture and country of origin, these individuals have higher rates of anxiety and psychological distress (Cuevas et al., 2011, 1447).

Psychosocial Factors. According to Mossakowski (2008), "Hispanics are more likely than Whites to experience long-term socioeconomic disadvantages that begin early in the life course" (Mossakowski, 2008, 649). Research done by Mossakowski (2008) focused primarily on the question of whether socioeconomic status can explain the impact of ethnicity/race on depression (649). Social stress theory, the idea that if one is socially disadvantaged (such as belonging to a low social position), will in turn increase the exposure that one has to stressors

and increase one's vulnerability, which further increases the risk of mental illness (Mossakowski, 2008, 651).

According to Mossakowski (2008), one of the best predictors of depression are disadvantages (651). These disadvantages can look like a mixture of life experiences and disparities, such as chronic stress from economic hardships, lack of wealth, family background, life chances (or lack thereof), racial inequalities, and poverty, to name a few (Mossakowski, 2008, 652).

The study done by Mossakowski (2008) focuses on a sample of 8,833 of minority individuals ranging between the ages of 14 to 22 years old for the span of 13 years (655). The study assessed for: depression, demographic factors, family background factors, socioeconomic factors, duration of poverty, and its intersection with depression (Mossakowski, 2008, 659).

Depression was measured by using a 20-item scale called Center for Epidemiologic Studies Depression Scale (CES-D). This scale asked subjects questions that assessed depression symptoms in the past week, and further inquired if they experienced certain depressive symptomology within that period (Mossakowski, 2007, 655). Subjects would respond to the questions with the frequency of those events: "(0) rarely or none of the time or 1 day; (1) some or little of the time or 1 to 2 days; (2) occasionally or a moderate amount of time or 3 to 4 days; to (3) most or all of the time or 5 to 7 days" (Mossakowski, 2007, 655).

Demographic factors that were collected from the sample included race and ethnicity measures, gender, marital status, and age of the participant (Mossakowski, 2008, 656).

Next, family background factors were collected from the subjects. These variables included information such as parental educational and parental occupational levels (Mossakowski, 2008, 656).

Socioeconomic status information was collected by the researcher to determine education, occupation, poverty, and wealth variables from the participants in order to assess its relationship and possible connections to depression (Mossakowski, 2008, 658). For example, poverty status of each individual was taken into account to “assess the effect of low income on depressive symptoms” (Mossakowski, 2008, 656). Also, wealth was measured by taking one’s net-worth and homeownership status (Mossakowski, 2008, 657).

Duration of poverty was included in the variable of the research and had coding systems for conditions such as history of poverty, length of poverty, food stamps, forms of government aid...etc. (Mossakowski, 2008, 658).

Results of the study showed that “Hispanics... have significantly higher levels of depressive symptoms than Whites” (Mossakowski, 2008, 659). When assessing the variables that were measured throughout the study, Mossakowski (2008) claimed that level of parental education was the variable that impacted and indicated the effect of depressive symptoms for Hispanics (659). Hispanics were also found to experience the second largest duration of poverty in the span of 13 years (Mossakowski, 2008, 663). Due to these findings, the study found that Hispanic minorities have “significantly higher levels of depressive symptoms than Whites at ages 27 to 35 years” (Mossakowski, 2008, 663). Through the lens of Social Stress Theory, the researchers made the claim that the systematic levels of one’s race and ethnicity in the United States is a large perpetuator of the disparities that exist in health (Mossakowski, 2008, 664). According to the researchers, this is due to the significantly larger occurrence of vulnerabilities, discrimination, and stressors that occur to minorities (Mossakowski, 2008, 664).

Research conducted on the idea behind psychosocial factors that influence depression among Latina immigrants showed that high levels of depression in participants were present and

furthermore, effected the acculturation process and living experience in the United States (Roblyer et al., 2017, 103). Roblyer, Carlos, Merten, Gallus, Grzywacz (2017) studied depressive symptoms and “depressive caseness” (clinically significant symptoms of depression) in a population of one hundred fourteen Latino individuals living in Oklahoma, with ages ranging from 25 to 53 years (103).

The study had three main focuses around both foreign-born Latinas and undocumented Latinas in the United States. The three main objectives of the study were as following: “determine the levels of depressive symptoms and depressive casesness among foreign-born Latinas... the second... was to compare levels of undocumented stress, depressive symptoms, and depression casesness between foreign-born undocumented and documented [Latinas]... the third objective was to determine whether undocumented status and undocumented stress were associated with depressive symptoms and depressive casesness” (Roblyer et al., 2017, 107).

The study measured depressive symptoms using a 10-item scale called Center for Epidemiological Studies Depression Scale (CES-D). Within this measurement scale, the researchers were able to get answers on a 4-point scale (1: less than one day, and 4: 5-7 days) on questions surrounding depression (e.g. “During the last week, how often did you... feel depressed?”) (Roblyer et al., 2017, 107). Clinically significant depression symptoms, also known as “depression caseness”, was established by accumulating scores from the CES-D and using formulas to calculate a sum of their experiences (Roblyer et al., 2017, 107).

Findings within this population of Latinas showed a high percentage of depression caseness that was more significant, compared to the general population of women in the United States with significant depressive symptoms (Roblyer et al., 2017, 111).

One's legal status, experiences in life and society, as well as one's mental health status impacts the reality that Latino immigrants face in their day-to-day lives. In a study conducted by Cobb et al. (2017), researchers focused on one's perception of their legal status in the United States and the connections with the psychosocial experiences to those individuals (167).

The participants consisted of 140 Latino immigrants whom filled out a self-reported questionnaire that compiled the data for each individual about their psychosocial factors (Cobb et al., 167, 2017). These variables included "perceptions of legal status, well-being (global and physiological), perceived context of reception, and experiences of discrimination", as well as one's satisfaction with life, and one's "flourishing" scale (Cobb, Meca, Xie, Schqartz, Moise, 2017, 167). These variables were measured as following:

Satisfaction with life (SWL) was measured by using a self-report measurement tool that included five-items which were each rated on scale from 1 (completely disagree), to 7 (completely agree) (Cobb et al., 2017, 171). Examples of questions used for this measurement included: "In most ways my life is close to ideal", and "I am satisfied with my life" (Cobb et al., 2017, 171). According to researchers, this scale was a good predictor and reliable measurement of the level of satisfaction participants felt within their life (Cobb et al., 2017, 171).

Next, the Flourishing Scale (FS) was used to assess one's perception on the level of success in one's life. This scale included eight items, and the domains that questions were assessed through included: "relationships, competence, purpose in life, and optimism" (Cobb et al., 2017, 171). The items were then rated on a scale ranging from 1 (strongly disagree), to 7 (strongly agree), and after collecting such measures the researchers took a total overall score which indicated the level of one's overall flourishing trajectory (Cobb et al., 2017, 171).

Perceived context of reception (PCOR), or one's perception of opportunities, acceptance of one's ethnicity/culture group, and the level of acceptance or hostility they feel, was assessed by six-items (Cobb et al., 2017, 171). The scale that was used ranged from 0 (strongly disagree), to 4 (strongly agree) (Cobb et al., 2017, 171). Sample of questions/statements used in this assessment tool were the following: "I believe that I have the same opportunities as other immigrants coming into this country", and/or "People from this country criticize people from my country" (Cobb et al., 2017, 171). The questions were administered in Spanish to the participants throughout the study (Cobb et al., 2017, 171).

Next, the researchers sought to examine a variable which they called "perceived ethnic discrimination" (PED). PED's purpose was to measure the level that participants felt that they had been treated unjustly by the "receiving community", also known as the dominant culture/group in society (Cobb et al., 2017, 171). This measurement was taken by a seven-item tool where subjects rated the items on a 5-point scale where 0 (never), to 4 (almost always) was used to respond to the inquiries (Cobb et al., 2017, 171). Example of the items used in this tool included: "How often does your employer treat you unjustly or negatively due to your ethnic background?" (Cobb et al., 2017, 171).

Lastly, one's perception of their legal status in the United States was measured. This measurement was taken in hopes to quantify the beliefs/experiences that subjects had where they felt they were being treated in a disproportionate manner compared to other Latinos who live in the United States (e.g. documented Latinos) (Cobb et al., 2017, 171). The sort of questions asked to measure the perception of one's legal status included: "Do you feel like your experience as an undocumented Latino/a in the U.S. are different from documented Latinos/as? If so, in

what ways?”, the questions were responded with a simple answer of either “yes” or “no” (Cobb et al., 2017, 171).

Findings of the research indicated that a significant amount of undocumented Latinos/as, about 62.9%, perceived their experiences in the United States to be divergent than those of documented Latinos/as (Cobb et al., 2017, 174). Additionally, those who perceived a distinction in how they were treated by society due to their legal status also reported experiencing a significant level of poor social equality in instances where felt low levels of well-being, more experiences of discrimination, and negative exposure to moments of association with the “receiving” group and reception (Cobb et al., 2017, 174).

An important finding also highlighted that those who saw distinctions among treatment based on their legal status also reported issues and disparities with opportunities, social mobility, and unfair treatment/discrimination (Cobb et al., 2017, 174). Those who could deeply relate to feelings of social inequality were more likely to also experience discontent and unhappiness with life, and an increase of exposure to discrimination (Cobb et al., 2017, 174).

One’s social status and standing in society can impact the way that not only others perceive the individual, but also how the individual perceives their own life and circumstances. A study conducted by Talavera, Paulus, Garza, Ochoa-Perez, Lemarie, Valdivieso, Bogiaizian, Robles, Bakshaie, Manning, Walker, Businelle, Zvolensky (2018) tested the collective effects of one’s subjective social status with a connection to mental health diagnosis, specifically focusing on symptoms of anxiety, depression, and psychopathology (170). The study focused on a sample of 276 Latinos (Talavera et al., 2018,170).

Health disparities are large and damaging for the Latino population in the United States. This fact is further evident by the data and statistics that reflect how Latinos are more likely to

not only meet the symptoms and criteria for a mental disorder/illness, but psychiatric disorders also have greater pervasiveness over time compared to other groups, such as White or European individuals (Talavera et al., 2018,170).

Talavera et al. (2018) highlighted in their research that compared to other ethnicities, Latinos, both born in the United States and immigrants, are at a substantially higher risk for “depression, suicide, anxiety, and other behavioral disorders” (170).

According to the researchers, the health disparities that exist for Latinos can begin to be explained by the factors of one’s challenges of adapting to the new culture, norms, lifestyles, and values (Talavera et al., 2018, 170). Due to these difficulties, as it has been mentioned before by prior studies, Latinos are found to underutilize mental health services and treatment which further perpetuates their mental health problems (Talavera et al., 2018, 170). The factors that contributes to creating and maintaining health inequalities, according to Talavera et al. (2018), include one’s socioeconomic status, race and ethnicity (170). Further, research points to the idea that one’s social status and where they stand in society can lead to worse physical and mental health status (Talavera et al., 2018, 170). In fact, research shows that one’s perception of and reality of social status was shown to be related to an increase of expression of symptoms in anxiety, depression, and mental disorders for Latinos (Talavera et al., 2018, 170).

Measurements taken from subjects in order to find the relationship between one’s social standing and mental health included: demographics, diagnosis, affect, social status, depression and anxiety symptoms (Talavera et al., 2018, 172).

Demographic information was collected by utilizing a demographic questionnaire which assessed one’s race, marital status, education level, age, employment status, gender (Talavera et al., 2018, 172).

Diagnostic information of previous diagnoses was measured by using the M.I.N.I International Neuropsychiatric Interview (Talavera et al., 2018, 172). This tool assessed diagnoses based on the Diagnostic and Statistical Manual of Mental Disorder (DSM) (Talavera et al., 2018, 172).

Affect was measured by the Positive and Negative Affect Scale (PANAS), a 20-item measurement where participants self-reported the degree to which they experienced certain emotions and feelings through a scale response system Talavera et al., 2018, 172). This system allowed subjects to respond based on a scale that ranged from 1 to 5 (“very slightly or not at all”, to “extremely”) (Talavera et al., 2018, 172). This assessment tool provided two outcome factors for the research: negative and positive affect, as well as taking into account strong psychometric properties (Talavera et al., 2018, 172).

Next, one’s subjective social status was measured by using the Subjective Social Scale. Participants were presented with an image of a social hierarchy through a ladder to represent where individuals in the United States stand as far as money, education, and jobs (Talavera et al., 2018, 172). Subjects were instructed to choose the rung on the ladder that best represented where in society they stood as far as social status, as well as where they believed that they stood compared to other individuals in the United States (Talavera et al., 2018, 172).

Lastly, the measure for symptoms of depression and anxiety were taken by using the Inventory of Depression and Anxiety Symptoms (IDAS). IDAS, a 64-item instrument where participants self-report, assessed for the symptoms that individuals could have experienced within the last two weeks (Talavera et al., 2018, 173). The symptoms were assessed by focusing on subscales which included: suicidality, traumatic intrusions, appetite loss, lassitude, well-

being, panic, ill temper, appetite gain, insomnia; and two main subscales of dysphoria and general depression (Talavera et al., 2018, 173).

Findings in the research showed that when focusing on one's social standing and status in the United States, Latino immigrants will have a significant plethora of disorders, some including: social anxiety, depressive symptoms, anxiety disorder, and mood disorders (Talavera et al., 2018, 175). In addition to mental disorders, it is also shown that for Latino immigrants that often acknowledge and are aware of their social status are also faced with some cognitive features, which includes neuroticism (Talavera et al., 2018, 175).

Overall, it was shown by this research that one's subjective social status provides Latinos with anxiety symptoms, depressive symptoms, and psychopathology (Talavera et al., 2018, 175).

Immigration policies in the United States have an impact on the health of Hispanic and Latino immigrants. The federal government has established federal immigration policies to enforce state and local jurisdictions on this community, "the original intention was to target and remove undocumented immigrants convicted of violent crimes, human smuggling, gang/organized crime activity, sexual-related offenses, narcotics smuggling and money laundering" (Rhodes, Mann, Florence, Siman, Song, Alonzo, Downas, Lawlor, Martinez, Sun, O'Brien, Rebossin, Hall 2015, 329). Despite the law stating the reasons behind such jurisdictions and which people would be the focus and target of being removed from the country, individuals who were being arrested for non-immigration matters were investigated with intentions to screen for immigration status in the United States (Rhodes et al., 2018, 329). These policies that were put into place, among others of the same nature, are contributing to the degree and experience of mistrust that the Hispanic/Latino communities in the United States feel for law enforcement, which further is causing a degree of fear that is impeding this population to utilize

an array of public services, including protection from police, emergency services, and health services (Rhodes et al., 2018, 329). The fear of deportation is limiting and debilitating for many Latino/Hispanic individuals in the United States, which contributes to the disparities of health services and treatment for this population (Rhodes et al., 2015, 329).

According to Rhodes et al. (2015), this is because Hispanics/Latinos often will have a misunderstanding of required forms and documentation, they fear having to interact with law enforcement officials, and they are frightened to be exposed to racial profiling (329). Even when undocumented Hispanics/Latinos seek health services, often they withhold or leave out information when reporting to their health care providers which further compromises their mental health (Rhodes et al., 2015, 329).

The research conducted by Rhodes et al. (2015) sought to examine the connection of immigration enforcement policies to the accessibility/utilization of health services in hopes to have a better understanding on the impact that immigration policies have on public health (330). The study itself measured these variables by focusing on pregnant Hispanic/Latina women in order to see if resources were used as pregnant woman are expected to utilize throughout their pregnancy (Rhodes et al., 2015, 330).

Methods of measuring the fear associated with immigration policies and the direct impact to one's mental health was taken by focusing on both group and individual interviews with participants: three focus groups, eight interviews were conducted in three sanctuary counties (Rhodes et al., 2015, 330). Participants were 18 and older of age, identified themselves as either Hispanic or Latino, spoke Spanish, and lived in one of the three counties where the interviews and groups were taken place (Rhodes et al., 2015, 330). A total of 66 focus groups and 17 interviews occurred throughout North Carolina (Rhodes et al., 2015, 330).

Results of the research found no significant differences in the degree of prenatal care among the Hispanic/Latino subjects and the expected devotedness to check-ups, treatments, and visits to one's doctor for the usual trajectory in pregnancy (Rhodes et al., 2015, 331). However, the common topics that often were brought up by the subjects in the group settings included feelings of nervousness and anxiety when visiting public spaces, such as the free clinics and health care providers that they were members of (Rhodes et al., 2015, 332). This was relevant to the subjects due to their lack of documentation and/or lack of perceived safety due to their lack of legal status in the United States, "participants expressed concern that immigration enforcement policies were exacerbating anti-immigrant sentiments and promoting racial profiling and discrimination, including within health care settings" (Rhodes et al., 2015, 332).

In addition, the experienced and perceived discrimination of the participants when they visited and utilized health services (by health providers and staff) contributed to their feelings of fear and avoidance of utilizing those health services (Rhodes et al., 2015, 332). Racial profiling was another large contribution to feelings of fear and anxiety when accessing health services, "participants also described reduced mental health for family members resulting from high levels of fear associated with immigration enforcement policies" (Rhodes et al., 2015, 333). Specifically, the subjects experienced feelings of decreased self-esteem, depression, isolation, frustration, and anxiety due to the circumstances around immigration policies and its direct impact to their lives and their health (Rhodes et al., 2015, 333).

Another important point that was highlighted by the participants was that their feelings and experiences of the reduction of opportunities in social support due to the lack of courage to leave their comfort zones, often their homes, resulted in them not being able to create connections and relationships with others which could have served as community/social support

systems that thus could have provided more opportunities and outlets for them (Rhodes et al., 2015, 334). The lack of opportunities and support in the lives of undocumented Latinos/Hispanics causes a decrease and large disparity of resources in their lives that could benefit them in a multitude of ways, but especially in the areas of health and mental health. Unfortunately, those who are facing the fear of deportation and thus become distrusting of their community, law enforcement personnel, and health care providers, are experiencing even further disparities within the area of health and treatments, “participants provided examples [of] children [that] did not obtain necessary diagnosis, care, and treatment because [they] feared being identified as undocumented at a checkpoint while driving to a provider” (Rhodes et al., 2015, 334).

This research pointed directly to the findings and facts that immigration policies and immigration enforcement is having a large impact on the health of immigrant Latinos/Hispanics, both for those that are documented and those who are undocumented, because this population is avoiding seeking for health care due to fear (Rhodes et al., 2015, 336).

Section 4: Background on mental health in Marin County for Latino

In efforts to collect health information about the population that currently occupies and makes up Marin County (CA), Healthy Marin Partnership conducted community research on its constituents in 2016.

According to the study ran by Harder + Company- Marin County, Marin County is considered to be the healthiest County in the state of California for its high rankings of health for the past six years (Ereman, 2016, 8). The population of Marin County is broken down as follows: “79% White, 16% Hispanic/Latino, 6% Asian, and 3% Black”, with a total of 254,643 residents (Ereman, 2016, 8). Of those who live in Marin County, “more than one in five residents is under the age of 18” (Ereman, 2016, 8). Further demographic information regarding the population of Marin County highlights that 20% of Marin County residents are living in poverty, 6% do not have health insurance (Ereman, 2016, 8).

In the areas of Mental health, barriers that affect accessibility to health can be summarized with lack of education and economic opportunities (Ereman, 2016, 9). Further barriers include “access to safe and affordable housing... linguistic isolation and citizenship status” (Ereman, 2016, 9). Some statistics regarding mental health in Marin County state that “One in every four 11 grade students report having been harassed or bullied on school property in the past 12 months” (Ereman, 2016, 10). Furthermore, according to the research done by Harder + Company (2016), one in every five adults in Marin County are self-reporting that they need treatment for mental health and alcohol/drugs use (Ereman, 2016, 10). A shocking statistic found by Marin Health Partnership shows that “for every 100,000 Marin County residents, nearly 13 died by suicide” (Ereman, 2016, 10).

Disparities that are summarized by the Marin Health Partnership (2016) show that minorities in Marin County are being significantly impacted by the insecurities that they face

economically (Ereman, 2016, 11). For instance, Latino Marin County residents are three times more likely to live in extreme poverty than any other residents living in this county (Ereman, 2016, 12).

Limitations

There are some important limitations to keep in mind throughout this thesis manual. First and foremost, the population being researched is one that is both marginalized and misrepresented, which brings up the questions of validity and accuracy in the data. For instance, the data that is gathered from the literature review may not truly reflect the conditions, circumstances, and details of the Latino immigrants that were used as subjects. These limitations are exacerbated by the fear, misinformation, and anxiety that comes with being a marginalized population in the United States. Undocumented Latino individuals, for instance, may not be answering certain questions accurately due to their fear of the possible consequences that their answers may bring to them in response to their legal status in the United States. Furthermore, this population of individuals in the United States often are not dealt with the correct cultural considerations and thus, because researchers will be seen as authority figures, they may be answering questions and tests in ways that do not accurately reflect their life experiences.

Researchers must keep in mind the cultural and language differences between this particular population compared to the culture and language differences within the United States. These two variables play a large part in the way that one can connect to the study, and therefore those who feel invalidated, disconnected, and uninterested may produce data that waivers from the truth.

Limitations also include the amount of data for local resources and local statistics that were available. The researcher had a difficult time finding information on Latinos in Marin County, which further reflects the disparities in this community for this population.

Other limitations include implications of the research include the gathering of information and participants from the literature review. The areas that are heavily Latino

populated may have outlying correlations and confounding variables that the researchers may not be aware of, and this may or may not affect the validity and reliability of the information for the research.

Lastly, implications include honesty and accuracy of information from participants. Due to the sensitivity of topics, some participants may want not have been fully candid in their disclosure of life events/details, mental illness treatments/diagnosis...etc. This information can skew the data and the validity of the studies, and have a significant impact on the research that was used for this current literature review. Which further brings up the possibility that those who did share their life experiences, diagnoses, and circumstances did so on a basis of volunteering, which may only be reaching those who feel confident, or have less to report, for example.

Recommendations

In order to best advocate and support Latino immigrants, both documented and undocumented, there must be better representation of these individuals in the field of mental health both locally and nationally. Future research on mental health within the Latino population is needed, especially in smaller communities such as Marin County, California. The information available for this group and this community is sparse and few, making the risk of creating even greater disparities and difficulties for an already marginalized and often underrepresented group of individuals. Future research should focus on which resources, and how these resources can be effective in providing the correct and most effective help to this community. Future research should also focus on both local and national communities of undocumented Latino immigrants, for there is even less research and data on this specific group of Latino immigrants as far as mental health and treatment and availability of resources.

Conclusion

The literature reviewed regarding the mental health of Latino immigrants in the United States has provided the researcher with powerful data to highlight the reality that disparities not only exist, but curtail and limit treatment and resources for individuals that are in dire need of them. Latino immigrants in the United States are met with stigma/discrimination, lack of accessibility to resources, limits to insurance and support, and often their own cultural and familial factors limit them even further from seeking and attaining help. There reality that this population is facing can be compromised to many and great disproportions of resources in the field of health, and this factor perpetuates the toxic and cyclical issues that are faced by minorities. The systematic lack of awareness and attitudes to fix these issues add-on to the challenges that are faced for Latino immigrants in America. Acculturating to a new culture and country without the social and/or financial means to fit into the new life set ahead of them, Latinos often face levels of everyday discrimination, and health care providers who struggle to work with Spanish speakers and the other various Latino cultures. On top of all of the struggles that Latinos face in their day-to-day lives, they are also met with an environment that is charged with ridicule for a culture and a group of individuals it does not try to understand, so instead it ridicules and creates an even more difficult environment for someone like a Latino immigrant to flourish.

America is supposed to be “the land of the free”, where individuals from all over the world move to seek “life, liberty, and the pursuit of happiness”, and where the American dream is not only encouraged, but attainable by all. However, the reality for immigrants are a lot bleaker. Moving to the United States not only requires one to have a certain level of financial stability, but also a good societal standing, the ability and accessibility to resources and

connections with others, and the knowledge and information to be able to advocate for one's own needs. Moving to the United States becomes a harsh wake-up call for those who migrate with the dreams for a better future for themselves and their families. Latino immigrants, for instance, quickly find out that the system is not built for their benefit, and even meeting one's basic needs becomes a battle within this broken, unfair, unjust, and exclusive system. So, how are they expected to seek and fight for the American dream when their basic necessities are being ignored?

The lack of awareness and education about Latino immigrants in the community creates a deficit of support and an atmosphere of ignorance which allows the inequalities that exist to manifest and bolster. Researching this specific community highlights the inadequate amount of organizations, programs, informed individuals that are available for this community throughout the United States. There must be more prioritization from mental health providers, health providers, researchers, and citizens of this county to make a difference in the lives of Latinos residing in Marin and throughout America. In order to truly make a difference for this community and their well-being, we must treat mental health as a public health issue and continue to come up with new ideas and resources to provide those who are in need of them.

References

- Anxiety and Depression Association of America. (2018, July). Medication. Retrieved from <https://adaa.org/finding-help/treatment/medication>
- Arbona, C., Olvera, N., Rodriguez, N., Hagan, J., Linares, A., & Wiesner, M. (2010). Fear of Deportation Instrument [Database record]. Retrieved from PsycTESTS.doi: <http://dx.doi.org/10.1037/t15404-000>
- Arellano, M. A., Andrews, A.R., Reid-Quñones, K., Vasquez, D., Doherty, L. S., Danielson, C. K., & Rheingold, A. (2018). Immigration trauma among Hispanic youth: Missed by trauma assessments and predictive of depression and PTSD symptoms. *Journal of Latina/o Psychology*, 6(3), 159-174. <https://doi.org/10.1037/lat0000090>
- Borges, G., Breslau, J., Su, M., Miller, M., Medina-Mora, M. E., & Aguilar-Gaxiola, S. (2009). Immigration and Suicidal Behavior Among Mexicans and Mexican Americans. *American Journal of Public Health*, 99(4), 728-733. doi:10.2105/ajph.2008.135160
- Brown, M. J., Cohen, S. A., & Mezuk, B. (2014). Duration of US residence and suicidality among racial/ethnic minority immigrants. *Social Psychiatry and Psychiatric Epidemiology*, 50(2), 257-267. doi:10.1007/s00127-014-0947-4
- Buckelew Programs. (n.d.). Retrieved from <http://www.buckelew.org/about/mission.html>
- Cabassa, L. J., & Zayas, L. H. (2007). Latino Immigrants Intentions to Seek Depression Care. *American Journal of Orthopsychiatry*, 77(2), 231-242. doi:10.1037/0002-9432.77.2.231
- Castañeda, X., Díaz, V. (2017). “Access to Healthcare for Latinos in the United States”. (Fact Sheet) UC-Mexico Initiative, Health Working Group.

- Céspedes, Y. M., & Huey, S. J. (2008). Depression in Latino adolescents: A cultural discrepancy perspective. *Cultural Diversity and Ethnic Minority Psychology*, 14(2), 168-172.
doi:10.1037/1099-9809.14.2.168
- Chavira, D. A., Golinelli, D., Sherbourne, C., Stein, M. B., Sullivan, G., Bystritsky, A., ... Craske, M. (2014). Treatment engagement and response to CBT among Latinos with anxiety disorders in primary care. *Journal of Consulting and Clinical Psychology*, 82(3), 392-403. doi:10.1037/a0036365
- Cobb, C. L., Xie, D., Meca, A., & Schwartz, S. J. (2017). Acculturation, Discrimination, and Depression among Unauthorized Latinos/as in the United States. *Cultural Diversity and Ethnic Minority Psychology*, 23(2), 258-268. doi:10.1037/cdp0000118
- Cobb, C. L., Meca, A., Xie, D., Schwartz, S. J., & Moise, R. K. (2017). Perceptions of legal status: Associations with psychosocial experiences among undocumented Latino/a immigrants. *Journal of Counseling Psychology*, 64(2), 167-178. doi:10.1037/cou0000189
- Coffman, M. J., & Norton, C. K. (2009). Demands of Immigration, Health Literacy, and Depression in Recent Latino Immigrants. *Home Health Care Management & Practice*, 22(2), 116-122. doi:10.1177/1084822309347343
- Community Action Marin. (n.d.). Retrieved from <https://www.camarin.org/>
- Cook, B. L., Zuvekas, S. H., Chen, J., Progovac, A., & Lincoln, A. K. (2016). Assessing the Individual, Neighborhood, and Policy Predictors of Disparities in Mental Health Care. *Medical Care Research and Review*, 74(4), 404-430. doi:10.1177/1077558716646898
- Cornally, N., & McCarthy, G. (2011). Help-seeking behaviour: A concept analysis. *International Journal of Nursing Practice*, 17(3), 280-288. doi:10.1111/j.1440-172x.2011.01936.x

- Cuevas, C. A., Sabina, C., & Bell, K. A. (2011). The Effect of Acculturation and Immigration on the Victimization and Psychological Distress Link in a National Sample of Latino Women. *Journal of Interpersonal Violence*, 27(8), 1428-1456.
doi:10.1177/0886260511425797
- Depression: Supporting a family member or friend. (2015, August 06). Retrieved from <https://www.mayoclinic.org/diseases-conditions/depression/in-depth/depression/art-20045943>
- Díaz, R. M., Ayala, G., & Bein, E. (2004). Psychological Distress Scale [Database record]. Retrieved from PsycTESTS. doi: <http://dx.doi.org/10.1037/t09761-000>
- Dueweke, A. R., & Bridges, A. J. (2017). The Effects of Brief, Passive Psychoeducation on Suicide Literacy, Stigma, and Attitudes Toward Help-Seeking among Latino Immigrants Living in the United States. *Stigma and Health*, 2(1), 28-42. doi:10.1037/sah0000038
- Driessen, E., Van, H. L., Schoevers, R. A., Cuijpers, P., Aalst, G. V., Don, F. J., ... Dekker, J. J. (2007). Cognitive Behavioral Therapy versus Short Psychodynamic Supportive Psychotherapy in the outpatient treatment of depression: A randomized controlled trial. *BMC Psychiatry*, 7(1). doi:10.1186/1471-244x-7-58
- Epelbaum, C., Taylor, E.R., & Dekleva, K. (2010). Immigration Trauma, Substance Abuse, and Suicide. *Harvard Review of Psychiatry*, 18(5), 304-313.
doi:10.3109/10673229.2010.511061
- Ereman, R. (n. d.). (2016). Pathways to Progress 2016: 2016 Marin County Community Health Needs Assessment (pp. 1-20, Rep.). Harder Company.
http://www.healthymarín.org/content/sites/marin/HMP_Summary_Report_FINAL_ENGLISH.pdf

- Fortuna, L. R., Porche, M.V., & Alegria, M. (2008). Political violence, psychosocial trauma, and the context of mental health services use among immigrant Latinos in the United States. *Ethnicity & Health*,13(5), 435-463. doi:10.1080/13557850701837286
- García, C. M., Gilchrist, L., Vazquez, G., Leite, A., & Raymond, N. (2010). Urban and Rural Immigrant Latino Youths' and Adults' Knowledge and Beliefs about Mental Health Resources. *Journal of Immigrant and Minority Health*,13(3), 500-509. doi:10.1007/s10903-010-9389-6
- Garcia-Navarro, L. (2015, August 27). Hispanic Or Latino? A Guide For The U.S. Presidential Campaign. Retrieved from <https://www.npr.org/sections/parallels/2015/08/27/434584260/hispanic-or-latino-a-guide-for-the-u-s-presidential-campaign>
- Garcini, L. M., Chen, M. A., Brown, R. L., Galvan, T., Saucedo, L., Cardoso, J. A., & Fagundes, C.P. (2018). Kicks hurt less: Discrimination predicts distress beyond trauma among undocumented Mexican immigrants. *Psychology of Violence*. doi:10.1037/vio0000205
- Garcini, L. M., Peña, J. M., Galvan, T., Fagundes, C. P., Malcarne, V., & Klonoff, E. A. (2017). Mental Disorders among Undocumented Mexican Immigrants in High-Risk Neighborhoods: Prevalence, Comorbidity, and Vulnerabilities. *Journal of Consulting and Clinical Psychology*, 85(10), 927-936. doi:10.1037/ccp0000237
- Ginossar, T., & Nelson, S. (2010). La Comunidad Habla: Using Internet Community-Based Information Interventions to Increase Empowerment and Access to Health Care of Low Income Latino/a Immigrants. *Communication Education*,59(3), 328-343. doi:10.1080/03634521003628297

- Hakstian, A. R., & McLean, P. D. (1989). Brief Screen for Depression [Database record]. Retrieved from PsycTESTS. doi: [http://dx. doi.org/10.1037/t00762-000](http://dx.doi.org/10.1037/t00762-000)
- HARI, J. (2018). LOST CONNECTIONS: Uncovering the real causes of depression and the unexpected solutions. S. 1.: BLOOMSBURY.
- Horrell, S. C. (2008). Effectiveness of cognitive-behavioral therapy with adult ethnic minority clients: A review. *Professional Psychology: Research and Practice*,39(2), 160-168. doi:10.1037/0735-7028. 39. 2. 160
- Hunsley, J., Elliott, K., & Therrien, Z. (2014). The efficacy and effectiveness of psychological treatments for mood, anxiety, and related disorders. *Canadian Psychology/Psychologie Canadienne*,55(3), 161-176. doi:10.1037/a0036933
- Kjorstad, M. C. (2003). The Current And Future State of Mental Health Insurance Parity Legislation. *Psychiatric Rehabilitation Journal*,27(1), 34-42. doi:10. 2975/27. 2003. 34. 42
- Kopan, T. (2018, March 26). What are sanctuary cities, and can they be defunded? Retrieved from <https://www.cnn.com/2017/01/25/politics/sanctuary-cities-explained/index.html>
- Kposowa, A. J., Mcelvain, J. P., & Breault, K. D. (2008). Immigration and Suicide: The Role of Marital Status, Duration of Residence, and Social Integration. *Archives of Suicide Research*,12(1), 82-92. doi:10.1080/13811110701801044
- Lawton, K. E., Gerdes, A. C., & Kapke, T. (2018). The role of acculturation differences and acculturation conflict in Latino family mental health. *Journal of Latina/o Psychology*,6(2), 94-114. doi:10.1037/lat0000084
- Machismo | Definition of machismo in English by Oxford Dictionaries. (n.d.). Retrieved from <https://en.oxforddictionaries.com/definition/machismo>

- Marin Community Clinic. (n.d.). Retrieved from <http://www.marinclinic.org/about-us/>
- Marin County Health & Human Services. (n.d.). Retrieved from <https://www.1degree.org/org/marin-county-health-human-services-san-rafael-ca>
- Marshall, K. J., Urrutia-Rojas, X., Mas, F. S., & Coggin, C. (2005). Health Status and Access to Health Care of Documented and Undocumented Immigrant Latino Women. *Health Care for Women International*, 26(10), 916-936. doi:10.1080/07399330500301846
- Medi-Cal. (n.d.). Retrieved November 9, 2018, from <https://www.dhcs.ca.gov/services/medical/Pages/default.aspx>
- Mossakowski, K. N. (2008). Dissecting the Influence of Race, Ethnicity, and Socioeconomic Status on Mental Health in Young Adulthood. *Research on Aging*, 30(6), 649-671. doi:10.1177/0164027508322693
- National Alliance on Mental Illness. (n.d.). Retrieved from <http://namimarin.org/>
- Rhodes, S. D., Mann, L., Simán, F. M., Song, E., Alonzo, J., Downs, M., ... Hall, M. A. (2015). The Impact of Local Immigration Enforcement Policies on the Health of Immigrant Hispanics/Latinos in the United States. *American Journal of Public Health*, 105(2), 329-337. doi:10.2105/ajph. 2014. 302218
- Roblyer, M. I., Carlos, F. L., Merten, M. J., Gallus, K., & Grzywacz, J. G. (2017). Psychosocial Factors Associated with Depressive Symptoms among Latina Immigrants Living in a New Arrival Community. *Journal of Latina/o Psychology*, 5(2), 103-117. doi:10.1037/lat0000068
- Rosenthal, B. S., & Wilson, W. C. (2012). Race/Ethnicity and Mental Health in the First Decade of the 21st Century. *Psychological Reports*, 110(2), 645-662. doi:10.2466/02.13.pr0.110.2.645-662

- Ruipérez, M. Á., Ibáñez, M. I., Lorente, E., Moro, M., & Ortet, G. (2001). Brief Symptom Inventory—Spanish Version [Database record]. Retrieved from PsycTESTS. doi: <http://dx.doi.org/10.1037/t03829-000>
- Sánchez, M., Cardemil, E., Adams, S. T., Calista, J. L., Connell, J., Depalo, A., ... Rivera, I. (2014). Brave New World: Mental Health Experiences of Puerto Ricans, Immigrant Latinos, and Brazilians in Massachusetts. *Cultural Diversity and Ethnic Minority Psychology*, 20(1), 16-26. doi:10.1037/a0034093
- Schock-Giordano, A. M. (2013). Ethnic Families and Mental Health. *SAGE Open*, 3(1), 215824401347801. doi:10.1177/2158244013478015
- Schwartz, S. J., & Unger, J. B. (2010). Biculturalism and Context: What Is Biculturalism, and When Is It Adaptive? *Human Development*, 53(1), 26-32. doi:10.1159/000268137
- Siddique, J., Chung, J. Y., Brown, C. H., & Miranda, J. (2012). Comparative effectiveness of medication versus cognitive-behavioral therapy in a randomized controlled trial of low-income young minority women with depression. *Journal of Consulting and Clinical Psychology*, 80(6), 995-1006. doi:10.1037/a0030452
- Suicidality. (n.d.). Retrieved from <https://medical-dictionary.thefreedictionary.com/Suicidality>
- Talavera, D. C., Paulus, D. J., Garza, M., Ochoa-Perez, M., Lemaire, C., Valdivieso, J., ... Zvolensky, M. J. (2018). Subjective social status and rumination in relation to anxiety and depressive symptoms and psychopathology among economically disadvantaged Latinos in primary care. *American Journal of Orthopsychiatry*, 88(2), 169-179. doi:10.1037/ort0000223
- US Legal, Inc. (n.d.). Legal Status Law and Legal Definition. Retrieved from <https://definitions.uslegal.com/l/legal-status/>

- Villatoro, A. P., Mays, V. M., Ponce, N. A., & Aneshensel, C. S. (2017). Perceived Need for Mental Health Care: The Intersection of Race, Ethnicity, Gender, and Socioeconomic Status. *Society and Mental Health*, 8(1), 1-24. doi:10.1177/2156869317718889
- Young, A. S., & Rabiner, D. (2015). Racial/Ethnic Differences in Parent-Reported Barriers to Accessing Children's Health Services. *Psychological Services*, 12(3), 267-273. doi:10.1037/a0038701

Appendix A: Research on Psychotherapy Treatment for Depression

Research on Psychotherapy Treatment for Depression

The topic of treatment options and medication for those who suffer with disorders such as anxiety, depression, and/or PTSD is one of controversy. Often individuals will have stigma connected to medication, and thus will be hesitant or refuse to take medication. Others are misinformed or have a bias for which therapeutic treatment would be the most effective. Below the researcher has done a basic background on medication and therapy options that are seen as both effective and efficient in the field of treating mood disorders and certain diagnoses.

Overtime, the field of psychotherapy has come across certain medications that are found to be more efficacious than others for certain disorders, however, there is also truth to the point that not all medications have been truly tested for their efficacy (Hunsely, Elliott, Therrien, 2014, 161). Studies have hoped to create validity when testing the efficacy of medications and treatments, some of this is done by running subjects on random assignment and creating control conditions to gather the most efficient data.

Hunsely et al. (2014) stated that “depression is the most prevalent disorder”, and this disorder has characteristics of making the individual experience a loss of interest in activities that they previously enjoyed, withdrawal in social situations, self-blame, dysphoria, a sense of hopelessness, and overall decreased activity (164). According to the researchers, there is significant evidence to suggest that psychological treatment on its own (and/or combined with medication), is effective in treating depression in those who suffer from it (Hunsely et al. 2014, 164).

Forms of psychotherapy were tested to check which options of treatment are available to patients, as well as which psychological treatment option would be the most effective for individuals. Studies show that there are no significant differences between the efficacy of

Cognitive Behavioral Therapy (CBT) and other short-term psychodynamic therapy theoretical formulations (Hunsely et al., 2014, 164). Further, significant data has been found that points to higher effect and effectiveness for CBT individual therapy over CBT group therapy (Hunsley et al., 2014, 164). Overall, the data points to a large body of evidence that CBT is an effective form of treating depression, and further it has been found that CBT is favored over control conditions, placebo effects, and other forms of psychotherapy orientations for both mild and moderate symptoms (Hunsely et al., 2014, 165).

When examining the treatment options of depression, studies show the efficiency of either psychotherapy or medications for best results. However, Hunsely et al. (2014) show that over the life span, individuals who have been treated with depression were found to have better treatment rates when receiving psychological treatment alone (165). Authors found no significant differences regarding remission rates between pharmacotherapy and psychological treatment for depression patients, regardless of the severity and chronicity of their depressive symptoms (Hunsely et al., 2014, 165). However, the evidence suggests that combining both pharmacotherapy (antidepressants) and psychological treatment (psychotherapy) yields “greater effects than is obtained with either treatment on its own” (Hunsley et al., 2014, 166).

Other researchers have examined this very question regarding the effectiveness of CBT for individuals with depression, but through a lens of taking into consideration the cultural and ethnic components. Siddique, Chung, Brown, Miranda (2012) explored not only the effectiveness of pharmacological treatment and behavioral interventions, but also if these treatments still hold the same validity and create comparable outcomes for the Latino population (996). Overall, the researchers focused on the effectiveness of psychotherapy (CBT) and antidepressant medication individually, and also combined together to test the most effective

course of treatment for Latino clients (Siddique et al., 2012, 996). Due to the controversy of administering CBT alone or alongside medication, the researchers put together a study to see which would bring forth the best outcomes (Siddique et al., 2012, 996).

An important point that Siddique et al. (2012) make in their research is that “the current state of field is that there is no good method to predict which patients with depression will do better on medications versus psychotherapy and, within each treatment modality, which agent or approach is more effective” (996). Through this idea and challenge to find the best fit for patients with depression, the researchers were able to get 267 individuals with diagnosed depressive disorders to take part in their study, and these participants were then put into three different categories of treatments: pharmacotherapy, CBT, or a community referral program (Saddique et al., 2012, 997). The treatment intervention lasted six months for the subjects, with some subjects extending their treatments with a referral due to the decrease of symptomology and increase in better functioning (Saddique et al., 2012, 997). The groups were set up as following: individuals who were in the psychotherapy group were given psychotherapy treatment with CBT (both individual and group CBT); those who were in the community referral group were given psychoeducation on depression, as well as the resources available in the community for treatment; and those who were in the pharmacotherapy group received medication for the duration of the study (Paroxetine doses started at 30mg, but were adjusted over-time for each individual) (Saddique et al., 2012, 997).

The subjects were examined over a span of 1-year regarding the trajectory of their depression and their symptomology of the diagnosis. The findings of the study show that CBT, the group that received just psychotherapy, not only had longer and more lasting effects, but trajectory over-time showed that these participants continued to improve (Saddique et al., 2012,

1002). On the other hand, those who were on the pharmacotherapy group, those that just received antidepressant medication, were found to have a decrease in well-being, and got progressively worse over a period of 6 months (Saddique et al., 2012, 1002).

In addition to Saddique et al. (2012) and Hunsley et al. (2014), another researcher looked at the lens of treatment for depression with the lens of cultural differences for the population of Latino individuals. Hornell (2008) highlights an important point that when taking into consideration treatment modalities and medications for individuals, we must also take into account their cultural circumstances (161). For instance, for the Latino population of individuals in the United States whom face depression and depressive symptomology, the question should not just stop at which treatment works best for depression, but also what factors may come into contact and confound with the circumstances (Hornell, 2008, 161). Factors that can change the effectiveness and impact the validity of the interventions used with ethnic minorities include: “socioeconomic status, immigration history, minority (or social) status, level of education, access to health care, and degree of assimilation with the White majority culture” (Hornell, 2008, 161).

Hornell (2008) focused on both effectiveness and efficacy studies in regards to which psychotherapeutic interventions should be used to treat Latinos/Hispanics of depression (161). Both behavioral and cognitive therapy are shown to be effective modalities of psychotherapy, but a lot of the research fails to test these outcomes for generalizability ethnic minorities with depression (Hornell, 2008, 161). The Latinos/Hispanics participants in the CBT and medication groups (compared with the community referral group) experienced a decrease of depression symptomology, as well as an increase in social functioning (Hornell, 2008, 161). This finding reflects the same points that were made by the Hunsley et al. (2014) studies on Latino/Hispanic

subjects when comparing groups of treatment where subjects were administered medication, psychotherapy, or referral groups.

Appendix B: Research on Psychotherapy Treatment for Anxiety

Research on Psychotherapy Treatment for Anxiety

Anxiety is a prevalent disorder for many individuals in the United States, it is a disorder that is found to be even more prevalent in the Latino populations in the United States, “epidemiological studies based in the United States suggest that lifetime rates of anxiety disorder range from 19% to 30%” (Chavira, Golinelli, Sherbourne, Stein, Sullivan, Bystritsky, Rose, Lang, Campbell-Sills, Welch, Bumgardner, Glann, Barrios, Roy-Byrne, Craske 2014, 393).

According to research, data points to CBT as the most effective and efficient intervention for anxiety disorders for individuals, but this data is questioned on its validity and generalizability of whether or not this psychological intervention works just as well for Latino individuals (Chavira et al., 2014, 393). It is possible that other treatment options may work better for Latinos, such as treatment interventions that are combined with primary care efforts, this is due to the reality that Latinos often face barriers to access to treatments, and they also often have stigmas related to seeking help and resources from mental health care settings (Chavira et al., 2014, 393). When compared to other ethnic groups, because some Latinos are faced with challenges surrounding financial stability and difficulties with the English language, some data actually shows that CBT results are equally as significant, showing a significant decrease of anxiety symptomology (Chavira et al., 2014, 393).

Some issues related to CBT and Latino clients include the discipline that the population lacks, as well as difficulties associated with following the instructions that are required to create the most significant results. For example, studies have suggested that Latino patients with anxiety whom were in CBT treatment faced challenges with “fewer sessions attended, less homework adherence, or higher rates of attrition”, all variables that contribute to negative effects on the clinical outcomes for individuals trying to treat their anxiety (Chavira et al., 2014, 393).

Despite the challenges that Latinos face with CBT requirements and expectations, research shows that even with these issues related to treatment, Latinos have comparable clinical results (Chavira et al., 2014, 394).

Appendix C: Medication and Treatment Options for Anxiety & Depression

Medication and Treatment Options for Anxiety & Depression

In the topic of treatment of disorders, for both anxiety and depression, it is important for individuals who suffer from these disorders to be fully informed of the options that are available for them as far as treatment. As the researcher has stated the data behind treatment above, both through the lenses of psychotherapy and psychopharmacology, it is also important to note the medications that have been shown to provide relief and treatment for these disorders. As it has been shown before through studies, data, and real life experiences, most individuals who combine both therapy and medication tend to have the most successful rates of recovery.

According to the Anxiety and Depression Association of America (ADAA), some of the best medications that help treat anxiety and depressive disorders belong to four major classes (Anxiety and Depression Association of America, 2018). These four classes include: Selective Serotonin Reuptake Inhibitors (SSRIs), Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs), Benzodiazepines, and Tricyclic Antidepressants (Anxiety and Depression Association of America, 2018).

Selective Serotonin Inhibitors (SSRIs) work to help treat anxiety and depression due to its following properties. SSRIs relieves anxiety and depression symptomology by blocking process (absorption, reabsorption, reuptake) of serotonin (Anxiety and Depression Association of America, 2018). This process, therefore, allows there to be more serotonin left in the brain, which then leads to an improvement in one's mood (Anxiety and Depression Association of America, 2018). SSRIs are known to be safe and effective, and they have the added benefit of having fewer side effects. Some of the common SSRIs include: Citalopram, Escitalopram, Fluoxetine, Paroxetine, Sertraline (Anxiety and Depression Association of America, 2018).

When side effects are produced, they tend to range between weight gain, insomnia or sleepiness, and sexual dysfunction (Anxiety and Depression Association of America, 2018).

Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) is a form of treatment for anxiety and depression that is known to be a “dual mechanism of action” (Anxiety and Depression Association of America, 2018). SNRIs not only increase the levels of neurotransmitters serotonin, but they also increase levels of norepinephrine by suppressing the reabsorption of norepinephrine into the brain’s cells (Anxiety and Depression Association of America, 2018). Some of SNRIs used for anxiety disorders and depression include: Venlafaxine and Duloxetine (Anxiety and Depression Association of America, 2018).

Next, Benzodiazepines are known to be used to treat anxiety and depression for a short period of time, specifically for anxiety disorders that are resistant to treatments/medications (Anxiety and Depression Association of America, 2018). Benzodiazepine drugs are often used as an add-on to treatments, but not used long-term because research and clinical trials have shown that if one chose to use Benzodiazepines for long-term treatment they would have to increase the dose to be able to achieve the same effect, which has been shown to create problems of tolerance and dependence for patients (Anxiety and Depression Association of America, 2018). Benzodiazepines that are known to be used for the treatment of anxiety and depression include: Alprazolam, Clonazepam, Diazepam, and Lorazepam (Anxiety and Depression Association of America, 2018).

Tricyclic Antidepressants, another drug known to be used for the treatment of anxiety and depression, is known to be used by patients whom have favorable effects with Benzodiazepines and need a similar form of medication for a form of long-term treatment (Anxiety and Depression Association of America, 2018). Doctors favor this medication because it is effective

in treating these disorders, but also continues to produce the wanted and expected results for patients (Anxiety and Depression Association of America, 2018). However, this medication can cause unfavorable and unwanted side effects, such as: blurry vision, urinary retention, orthostatic hypotension, and constipation (Anxiety and Depression Association of America, 2018). For those who are interested in taking Tricyclic Antidepressants for the treatment of anxiety and/or depression, these medications include: Amitriptyline, Imipramine, and Nortriptyline (Anxiety and Depression Association of America, 2018).

Some important notes and guidelines to keep in mind when using medications to treat disorders includes open communication with one's health providers/doctors. It is important to discuss with your doctor about the medications, vitamins, and supplements that you are currently taking so that potential drug interactions can be avoided, as well as providing your physician with the information on which medications you are taking (Anxiety and Depression Association of America, 2018).

When taking new prescriptions, it is wise to have a conversation with your doctor about the expectations and questions that you have about the medication. For instance, it may be helpful to inquire with your doctor how the prescribed medication will help you with your symptoms. Also, asking about side effects is an important question to pursue so that you may be aware of what may come up due to taking this medication. Some medications should not be taken with certain foods or beverages, thus one should always confirm with their prescriber the limitations to the prescriptions they are taking. The risk of the drug interaction with other prescriptions should be explained to the patient, so that there is full knowledge about the risks and effects that may come from taking the anxiety medication for the patient. Taking the medication under certain circumstances, such as an empty stomach, is often times not

recommended, therefore one should always be clear on when it is the best time for the medication to be consumed, as well as how frequent one should be taking the medication (Anxiety and Depression Association of America, 2018).

Due to the fact that one takes these medications to alleviate and treat their anxiety and the symptomology of their disorder, knowledge about when the medication usually will start to work, as well as what one should expect when it begins to work, are important inquiries to go over with the doctor. Another important highlight is for the patient to be on-top of their medical visits and check-ups, the question of when one should return to their doctor's office for a check-up on the medication should be covered by the doctor upon the patient receiving the medication. If one is unsure of the requirements and directions for their medication, it is advised for them to consult with their pharmacist upon picking up the prescription, or contacting their medical provider (Anxiety and Depression Association of America, 2018).

Appendix D: Coping Strategies

Coping Strategies

Strategies for coping with anxiety and/or depression can include almost anything for an individual. Some strategies that the researcher recommends are stated below (look at Appendix J for in-depth handout of tips and strategies for coping).

Some strategies include fulfilling one's basic needs such as eating well balanced meals, getting enough sleep every night, and surrounding oneself with positive company. Taking some time for oneself, such as reading a book, getting a massage, practicing yoga or meditation, listening to music can relax and ground individuals and help them clear the toxic, negative, and thoughts that are often being ruminated.

Diet and sleep are important overall for one's health, but even more-so when someone struggles with anxiety and/or depression. Often, these disorders will make one's appetite habits or sleep hygiene habits change, but it is important to remain consistent and motivated. Eating well balanced meals, eating enough and regularly throughout the day, and keeping snacks around is important, especially for individuals with busy schedules. Furthermore, sleep is important for rest, and also to allow oneself to unplug from the anxiety and distress that is being experienced. Stress can cause the body to become dysregulated and thus, individuals should take their sleep schedule seriously.

Company from friends and family can be great distractors, or part of one's healing. For instance, talking to a close friend or a family friend about what feels overwhelming and discouraging can be helpful, and creating an opportunity for sharing these struggles with others also supports one's healing. Another way to connect with others is to get involved in one's community either by finding hobbies, organizations, and groups. This connection with groups

will not only empower individuals, but also creates opportunities for support and connections which is shown to improve one's anxiety and depression (Hari, 2018).

Creating new habits and eliminating/changing toxic ones are important in recovery. Exercise has been shown to help individuals with anxiety and depression, so exercising daily will not only improve one's mental health, but also their physical health. Trying to maintain a positive outlook and attitude about one's circumstances will allow one to see more of the positive and good factors in life, as well as learning to allow coping through a sense of humor.

Lastly, sometimes knowing what triggers one's symptoms can be informational and important. If one feels more anxious and/or depressed with certain individuals or certain environments, it is important to be able to identify those pattern so that it can allow one to have better control of the fears that may come along with symptoms.

Appendix E: Clinics

Clinics

Marin County has a non-profit, private clinic that provides large support for the Latino immigrants that reside in the area. Marin Community Clinic, a collection of clinics that provides affordable health care to both uninsured and low-income clients and patients, has been highly utilized by the community for the past 43 years (Marin Community Clinics). The services that Marin Community Clinic provides to their patients includes both diagnostic and prevention programs, and it serves more than 35,000 people every year (Marin Community Clinics). Marin Community Clinic has nine different locations throughout Marin County, these locations include: Larkspur, Novato (South Clinic, North Clinic, and Dental Clinic), San Rafael Medical Clinic, San Rafael Campus, San Rafael Dental Clinic, Fourth Street Dental Clinic I, Fourth Street Dental Clinic II, and the Huckleberry Youth Program (Marin Community Clinic). For further information on the location, hours, and services provided by each location, please go to Appendix N.

Marin Community Clinic provides clients and patients with primary health care services, dentistry, behavioral health, obstetrics and gynecology services, family planning services, optometry, chiropractic, and specialty services. Individuals who utilize the services provided by Marin Community Clinics include those who are enrolled in Covered California, public insurance programs, and those with very limited or no health insurance at all (Marin Community Clinic). The overall message and mission statement for this clinic is that they do not turn away individuals who are in need of health care based on their ability to pay the fees to those services (Marin Community Clinic).

Appendix F: Organizations & Groups

Organizations & Groups

In response to the Latino population and the growth of minorities in Marin County, there have been organization that have implemented bilingual services. Some of those organizations have put together resources and groups in Spanish so that individuals with mental illnesses, or families of those with mental disorders can get community support. Please see Appendix O for more information.

<i>NAMI Marin</i> (National Alliance on Mental Illness- Marin),
<p>An organization that provides advocacy, resources, and services to individuals regarding mental illness, recently has partnered up with Community Action Marin (CAM). This collaboration provides a great resource for individuals, they hold meetings on the first and third Thursdays of every month. The meetings run in the evening and are currently being held at the Enterprise Resource Center at the Wellness Center Campus in San Rafael. The person to get into contact with, in regards to questions or concerns for this group meeting in particular, is Gloria McCallister. The contact information for Gloria is (415) 473-2261. For more information, individuals may also contact the NAMI Marin office (National Alliance on Mental Illness).</p>

<i>The Marin Health and Human Services</i>
<p>This organization provides mental health outreach, prevention services, referrals, and also provides therapy and support for individuals and families that are Spanish speakers in Marin County.</p>

The Canal Alliance

A non-profit organization in Marin County, works with immigrants who struggle from lack of resources and those who struggle from challenges related to acculturation to Marin's culture after migration. The Canal Alliance provides services to minority and marginalized populations of Marin County, some of those sources include: immigration legal services (legal consultations and information on what rights immigrants have), youth education for higher education, adult education services (English classes, technology classes, and US Citizenship classes) (Canal Alliance).

In addition to these services, the Canal Alliance also contributes to this community by providing a food pantry, assistance and referrals to health care services, emotional support and mental health support (counseling sessions), and support to women who are pregnant. The Canal Alliance is located at 91 Larkspur Street in San Rafael, their hours are from 9 o'clock in the morning until 5 O'clock, Monday through Friday. They also have a website which can be accessed for information on events in the community, resources, and contact information for services that may interest those in need (Canal Alliance).

Mental Health Peer Counseling

Marin County has a Mental Health Peer Counseling program for individuals who want support or resources connected to mental health and mental illnesses. This program not only caters to Spanish speakers, but it also works with a broad range of communities such as: LGBTQ+ individuals, individuals with disabilities, veterans, survivors of domestic violence, seniors and transitional age youth. This program can be located at the Enterprise Resource

Center, a center that is known to offer services and resources to individuals with mental illnesses. The center is located on 3270 Kerner Road, San Rafael. They are open every day of the week, Monday through Friday from 9 o'clock in the morning until 4 o'clock in the afternoon, and Saturdays and Sundays from 10 o'clock in the morning until 4 o'clock in the afternoon. This center offers resources and services to all who are in need, regardless of one's ability to pay for service fees (Marin County Health & Human Services).

Buckelew Programs

an organization that supports and “promote[s] recovery, resilience and hope by providing behavioral health and support services that enhance quality of life” (Buckelew Programs). The Marin program provides individuals in the community with residential support services (up to 24 hours of care in the home setting for patients that need long-term care and support); an assisted independent living program (helps individuals live independently in their communities, and provides them with a multitude of mental health services within their living circumstances); An employment services for those who are in a rehabilitation program (assists individuals whom are challenged with their behavioral health by training them into the community by offering them opportunities and stability); Casa Rene offers short term residential mental health services and resources up to 30 days (provides counseling, medication guidance and support, and therapeutic activities); The Helen Vine Recovery Center provides individuals with alcohol and drug problems with the resources and support that is needed for their recovery (also provides them with a program tailored to their needs that includes psychoeducation, counseling services, 12-step meetings, medical wellness and “life care” tools, as well as mentors in the community and relapse prevention); Buckelew

Counseling Services provides behavioral health and counseling support and services to individuals in the county of Marin (the sessions are weekly therapy meetings for adults and children with a great range of behavioral health challenges); Lastly, the Buckelew Suicide Prevention program provides individuals with a 24/7 hotline with trained volunteers, as well education and outreach for suicide prevention (Buckelew Programs).

Community Action Marin

Community Action Marin is known to be one of the biggest human services providers to the County of Marin. Their main cliental consists of low-income individuals in Marin, but also includes programs such as: Marin Head Start, Child Development Program, Central Kitchen, Early Childhood Workforce Development, Financial Literacy and Career Counseling, Energy Assistance, Volunteer Income Tax Preparation, CARE Homeless Outreach Teams, Peer Mental Health, Emergency Family Needs, Family Partnership, and Patients' Rights Advocacy (Community Action Marin). They offer services in Spanish and other languages for immigrants and bilingual speakers in the community. Community Action Marin offers a variety of services, in particular they have a mental health program that are free of charge to those with mental illnesses (Community Action Marin). Not only does Community Action Marin provide support, but they also psycho-educate individuals about mental health and mental illnesses, and families and friends of those with mental illnesses so that they can be of best support to their loved one. Their mental health program includes: the enterprise resource center, a CARE team, a hotline, a peer companion program, basic and advances peer counseling classes, and a crisis planning program (Community Action Marin). The services provided to those in the program includes: "daily support group meetings, walk-ins and

appointments with peer counselors; locating community resources and assistance in utilizing these services; process groups with other clients designed to promote friendships and learn social skills; a peer companion program for people who are prone to isolate; peer counseling training, followed by internships and employment support, assistance for homeless mentally ill (CARE team); art therapy classes, daily specialty groups; women's programs; free computer use with internet service; access to a patient's rights advocate; counselors available to create individualized client crisis plans" (Community Action Marin). The services listed above are only some of the total services and resources that this organization provides to Marin County (Community Action Marin).

In addition to these organizations mentioned above, Appendix G/H has more resources and their respective contact information, hours of operation, as well as online links for those who are interested in the resources available for Marin County.

Appendix G: Insurance Information & Background

Insurance Information & Background

Health insurance coverage is one of many important variables connected to the conversation regarding mental health for Latino immigrants in the United States. Due to the history of health insurance plans and coverage in the United States, this becomes a deeper challenge for those whom are in need of insurance in order to utilize resources available for their mental health.

The detrimental limitations to mental health include the policies and regulations that are held around the laws of mental health coverage and insurance companies. The Mental Health Parity Act (MHPA) was a policy that was a result of the federal government trying to establish health plan coverage that would entail both mental health and chemical dependency services alongside regular physical health care coverage (Kjorstad, 2003, 34). This legislation, however, has both state and federal implications which curtail the efforts of establishing effective health insurance.

Three important limitations that the MHPA has, according to Kjorstad (2003) include the following: The laws around mental health coverage does not include mental health coverage as a mandatory part of health coverage for insurance companies that previously did not offer those services (36). According to these regulations, the law only states the amount of money and dollar limits which means that what is spent on mental health has to be an equal dollar amount to what is spent on medical and/or surgical benefits, if the coverage for mental health is offered at all (Kjorstad, 2003, 36).

Secondly, the law around mental health coverage does not designate nor regulate the amount of inpatient or outpatient visits that has to be covered by the health plan, and further, it also does not acknowledge or establish the restrictions on both co-payments and deductibles that

are connected to the insurance coverage (Kjorstad, 2003, 36). Instead, MHPA gives insurance companies the authority and power to give different benefit limitations and co-payments for mental health services compared to general medical services (Korstad, 2003, 36).

The last limitation that Kjorstad (2003) highlights is that MHPA has two exemptions in place for small employers and for group plans if the company experiences an increase of costs related to the insurance plans (37). In addition, health plans dictate what mental illness is defined as, not the law (Kjorstad, 2003, 37).

Regardless of whether or not a state implements a mental health parity law, it is important to be aware that this does not translate that an effective law is in place for those who are covered by insurance (Kjorstad, 2003, 37). It is up to the state to create a coverage for its constituents that supports the needs of mental health, and furthermore, it is also up to one's employer to offer behavioral health/mental health care for their workers (Kjorstad, 2003, 38).

The systematic issues related to healthcare coverage for Latinos in the United States includes lack of access to information, immigration status, and lack of opportunities.

According to Castañeda and Diaz (2017), Latinos have the highest rate of lack of insurance compared to all other racial and ethnic groups in the United States (1). Equally shocking data shows that Latinos are challenged when visiting a medical facility, and most do not have a regular place that they refer to when they are in need of medical services (Castañeda and Diaz, 2017, 1).

Lack of access to information regarding mental health and health resources becomes a large barrier to many Latinos in the United States. According to the research, 55% of Latinos who are uninsured are unaware of the health care coverage options in the insurance market within the Affordable Care Act (Castañeda and Diaz, 2017, 1).

Undocumented Immigrants face even harsher circumstances and barriers when it comes to accessing health and mental health insurance. An example to the barriers to undocumented Latinos include the regulations and policies set by the federal government which impede this population from receiving subsidies to enroll in services such as Medicaid and CHIP (Castañeda and Diaz, 2017, 1). Even Latino immigrants who are citizens of the United States face low rates of mental health and health insurance, according to Castañeda and Diaz (2017), “15.5 million Latino adults under 65 years are not insured” (1). Additionally, those who are citizens and qualify for insurance coverages have a waiting period of 5 years before someone who is a “qualified non-citizen” is able to receive Medicaid or CHIP (Castañeda and Diaz, 2017, 1).

Other barriers related to health care that are relevant to the population of Latino immigrants in the United States include the lack of correct information and knowledge regarding the services that are available and accessible to this population, monetary cost of the health services, challenges related to one’s culture, language, and beliefs on health seeking behaviors, condition of illnesses, and health (Castañeda and Diaz, 2017, 1).

Under-representation of Latino health care professionals is another barrier to Latinos when considering health coverage and insurance. For example, the state of California is made up by one-third of Latinos, but Latinos only represent 5% of physicians in the state (Castañeda and Diaz, 2017, 1). This disparity of representation of Latinos in the medical field indicates that the health care professionals that are currently working with this population are often incapable of having both a cultural and language connection with Latino patients that come in to utilize health care services (Castañeda and Diaz, 2017, 1).

Appendix H: Psychosocial Health Care Factors

Psychosocial Health Care Factors

Health literacy, or the lack thereof, is a barrier to Latino immigrants that have shown to greatly impact the quality and availability of services and resources to those in that population. Poor health and depression become some of the many outcomes that come in result of immigration and leaving behind all that one is familiar with in their country of origin. Risk factors related to immigration include not only mental illnesses and disorders, but this risk gets perpetuated due to the “lack of health literacy skills needed to access the complex U.S. health care system” (Coffman and Norton, 2009, 116). As it has been mentioned in past studies within this thesis, issues that arise from immigration can often include some, if not all of the following: perceived/actual discrimination, barriers to education, societal prejudice, language barriers, loss/grief, changes in occupation...etc. (Coffman and Norton, 2009, 116).

A barrier that is related to both immigration, but also connects with the disparities of health and health care, is the idea of health literacy. According to Coffman and Norton (2009), health literacy is defined as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services”, this skill not only requires the individual to have the right skills in order to advocate for themselves, but they also need to know how to act on those skills in order to meet their needs for health care services (117). The danger, therefore, is in the definition of health literacy itself. Due to the challenges associated with immigration, such as language barriers, or being unsure and not having the skills to advocate for oneself in the realm of health care, Latino immigrants often get stuck before the process even begins. They get discouraged by their lack of information and ability to represent themselves in a country where the language and way of getting tasks done is very different from what they are used to. Due to this large barrier, connecting with a health care provider, or finding a medical office or doctor,

becomes a large hoop to jump through and many individuals find themselves giving up before they even begin (Coffman and Norton, 2009, 119).

An important point made by the researchers highlight the delicate and difficult process of coming into the United States with no prior knowledge of how systems work, and thus lead to the underrepresentation of the needs of the Latino population, “Once immigrants arrive in the United States and begin the process of acclimating to a new culture, many find that the resources needed to help them adapt to a new culture, find employment and shelter, and learn a language are difficult to access” (Coffman and Norton, 2009, 119). This very fact makes the process of acclimating and acculturation overwhelming due to the demands that are expected and required from these individuals, and additionally, because these barriers exist, especially barriers related to communication (e.g. language), immigrants often have an incredibly difficult time understanding what is needed to acquire their basic necessities in order to survive (Coffman and Norton, 2009, 119).

In response to the same difficulties found above by Coffman and Norton (2009), similarly, other researchers attempted to curtail those disparities by providing Latino communities with the tools to provide the skills and actions in order for one to be able to properly advocate for themselves, especially for health care and mental health care. Ginossar and Nelson (2010) believed that in order to provide the skills to then create the actions that are needed for one to be “health literate”, there needed to be a system that encompassed “culturally sensitive communication strategies... for effectively reaching and influencing underserved immigrants” (329). Therefore, that is exactly what the researchers created, an educational system that not only informed Latino individuals how to acquire health care services, but also

taught them how to navigate technology, the internet, and communicate through technology to increase opportunities of health, education, and career mobility.

Ginossar and Nelson (2010) created a computer class program for Latinos through their own community health media organization called La Comunidad Habla (LCH). Through this organization, they were able to promote health literacy, education, and have the added benefit of these skills and knowledge to be transferred and passed on from these individuals to their friends and family members (Ginossar and Nelson, 2010, 329). Those who were originally recruited to these classes, eventually became promoters of the program and became known as the “Promotoras” and they continued to “promote internet technology [education] and access to health information online” (Ginossar and Nelson, 2010, 329). The passion that the researchers and leaders of LCH felt got passed onto the Promotoras, and these individuals were able to share the same motivation to aid their communities that were struggling with factors such as poverty, social isolation, violence within the neighborhood, and lack of medical insurance, which are all relevant to the barriers associated with health care and lack of resources for this population (Ginossar and Nelson, 2010, 329). An important fact that came from this outreach is not only that Latino individuals seek to better themselves and acclimate better to the society which they migrated into, but they also have the desire to connect with others within their communities (Ginossar and Nelson, 2010, 339). This research provided the space and opportunity for Latino individuals to learn basic skills that are needed in society to function at the level of their counterparts, and also to be psycho-educated about health, education, and the barriers that are needed to be overcome to progress and be seen as a part of society, as it should be.

Undocumented and documented Latino individuals face difficult health consequences due to the both the political climate that exists in the United States, but also in conjunction with

all the forces and factors that contribute to disparities mentioned throughout this manual. In particular, these factors are contributing to the psychological well-being, mental health, and physical health of these individuals, in turn putting this population at higher risks of mental illnesses and health conditions.

Health and health care is a multi-layered and complex task to address and confront. This is due to the fact that one's health is made up of many factors and components, thus a multitude of circumstances have to be taken into account. An individual's health is not just made up of biological, cultural, and social factors, but within these realms one would also have to include and examine "ethnicity, language, income, social inclusion/exclusion, housing, employment status, work conditions, and education" (Marshall, Urrutia-Rojas, Mas, Coggin, 2005, 916). This point that one's health is layered and involved in all aspects of one's life highlights the importance of the systematic control that exists over one's basic rights, such as health care. For instance, Marshall et al. (2005) state that one's sociodemographic circumstances are critical predictors of the level and opportunities of care that are available in health care, but for a Latino immigrant that lives in an impoverished neighborhood, this becomes a bleak reality (916). Due to the lack of resources, distance from providers, misinformation of health care policies and insurance, lack of support and new outlets for aid, these communities continue to get buried with the inequalities that exist within our society and systems. Latino immigrants become a vulnerable population, and the fear that they carry due to the policies and laws in place continue to recreate instances that match the narrative: they never experience a different reality because they go unnoticed by society. In particular, for undocumented immigrants, immigration status plays a role that adds onto the risks and makes this population susceptible, even more so (Marshall et al., 2005, 917).

Due to the circumstance around legal status, Latino immigrants who are undocumented in the United States are less likely to have health insurance or have regular prescribers from which they visit for medical questions and concerns (Marshall et al., 2005, 921). In particular, undocumented Latinos are three times more likely to not have any health insurance, some of the reasons stated by the research includes: low income, and low education levels; those who have higher income and have reached higher levels of education were more likely to have health coverage (Marshall et al., 2005, 928).

Appendix I: Insurance Options

Insurance Options

Health insurance can be a difficult, tedious, and intimidating task for those who are not informed or familiar with the options that exist and how the system works. For Latino immigrants, in particular, finding health insurance can become a trigger and point of fear and trauma. Due to the lack of proper resources in Marin County, there is a lack of bilingual, Spanish-speaking providers. This can make this situation further problematic when a Latino individual whom is interested in health insurance cannot properly communicate their needs and wants to a health provider or organization.

Below, the researcher has compiled information regarding which health insurance options are available for the Latino population, and how to apply for coverage.

Medi-Cal, a public health insurance program, serves low-income individuals and families, among other demographics such as: low-income families with children, disabled individuals, seniors, individuals in the foster care system, pregnant woman, and individuals with specific health conditions/diseases (Medi-Cal). In order to apply for Medi-Cal, one can apply by mail, in person, or online through the Medi-Cal government website.

The cost for Medi-Cal is between free to low-cost for those who meet the requirements for eligibility in the state of California. It is a health plan through Covered California, and those who enroll in the program receive coverage and health care through managed health plans. There are no premiums, co-payments, nor out-of-pocket fees for those who are covered through Medi-Cal (Medi-Cal). Coverage through Medi-Cal includes: hospitalization, physical and occupational therapy services (and services alike), laboratory services, emergency services, prescription drugs and medications, outpatient ambulatory services, mental health and substance use disorder services (including behavioral health treatment services), maternity and newborn

care, preventative and wellness services, chronic disease management, children's pediatric services, and oral and vision care (Medi-Cal).

Overall, Medi-Cal offers 21 different health plans for individuals, and the options will vary depending county of residence and circumstances for each patient (Medi-Cal). In order to finalize the Medi-Cal process, those who are have applied will need to contact Beacon Partnership in order to get an authorization number. Once this number has been received by Beacon Partnership, the individual will be able to activate their health benefits and coverage (Medi-Cal). In particular, for individuals seeking mental health services through Medi-Cal, one will have get a prior authorization before seeking a therapist. The process begins with a screening over the phone and then the client will be provided with a list of mental health providers in their zip-code area (Medi-Cal). The phone number that individuals can use to contact Beacon Partnership is (855) 765-9703. Beacon has bilingual resources and staff members who speak various languages to best assist clients (Medi-Cal).

For services and health coverage that can be utilized through Medi-Cal, please see Appendix N.

Appendix J: Anxiety Handouts

Anxiety Resources:

1. Anxiety Common Unhelpful and Helpful Thoughts Tool CBT

https://depts.washington.edu/hcsats/PDF/TF-CBT/pages/cbt_anxiety.html#

2. The Cycle of Anxiety

<https://www.therapistaid.com/therapy-worksheet/cycle-of-anxiety/anxiety/none>

3. What is Anxiety?

<https://www.therapistaid.com/therapy-worksheet/what-is-anxiety/anxiety/none>

4. CBT- How to Handle Anxious Thinking

https://depts.washington.edu/hcsats/PDF/TF-CBT/pages/cbt_anxiety.html#

5. Coping Skills: Anxiety

<https://www.therapistaid.com/therapy-worksheet/coping-skills-anxiety/anxiety/none>

Appendix K: Depression Handout

Depression Handout:

1. Depression Information Sheet:

<https://www.therapistaid.com/therapy-worksheet/depression-info-sheet>

Appendix L: Coping Worksheets/Handouts

Coping Worksheets/Handouts

1. Cognitive Reconstructing: CBT

https://depts.washington.edu/hcsats/PDF/TF- CBT/pages/cbt_anxiety.html#

2. Family Mindfulness Schedule

<https://www.therapistaid.com/therapy-worksheet/family-mindfulness-schedule/anxiety/none>

3. Gratitude Journal

<https://www.therapistaid.com/therapy-worksheet/gratitude-journal/depression/none>

4. Healthy vs. Unhealthy Coping Strategies

<https://www.therapistaid.com/therapy-worksheet/healthy-unhealthy-coping-strategies/anxiety/none>

5. Mindfulness Exercises

<https://www.therapistaid.com/therapy-worksheet/mindfulness-exercises/depression/none>

6. Positive Journaling

<https://www.therapistaid.com/therapy-worksheet/positive-journal/depression/none>

Appendix M: Legal Rights Brochure (English & Spanish)

<https://www.Canalalliance.org/immigration>
Used with permission from Canal Alliance

IMPORTANT NOTE

Canal Alliance doesn't
offer legal
representation in
deportation cases.

We **recommend** that
you contact a private
immigration lawyer.

Attorney Referral Service

American Immigration Lawyers Association

1 (800) 954-0254 / ilrs@aila.org /
www.aila.org

San Francisco Bar Association

(415) 989-1616 / www.sfbar.org

www.canalalliance.org
91 Larkspur Street
San Rafael, CA 94901

Phone: 415-454-2640
Fax: 415-454-3967
E-mail: contact@canalalliance.org

 /CanalAlliance.SanRafael

 /canalalliance



KNOW YOUR RIGHTS

Be prepared to
protect yourself
and your family





WHAT DO I DO IF OFFICERS COME TO MY HOUSE?

RIGHT TO REFUSE TO OPEN THE DOOR

You do not have to open the door to any law enforcement agents, unless they have a warrant signed by a judge. Without such a warrant, they cannot force open the door.

RIGHT TO REMAIN SILENT

You do not have to speak to law enforcement agents; you have the right to keep silent. Just answer, "I have the right to remain silent."



WHAT DO I DO IF I GET ARRESTED?

RIGHT NOT TO SIGN ANYTHING

If you are arrested, you should not sign anything in a language you do not understand, and you should not sign anything without talking to a lawyer.

IF YOU HAVE BEEN ORDERED REMOVED

People who already have been ordered removed will have more limited ability to avoid deportation than others, but you still should maintain silence and request a lawyer.



HOW DO I PREPARE MYSELF FOR ICE RAIDS?

- Get a passport from your country's consulate, and make sure everyone in your family has a passport.
- If you do not want your children to accompany you to your country, consider getting a caregiver affidavit.
- Make a list of the emergency contacts for everyone in your family, so that people can be informed if anything happens to you.
- Keep all this information in a convenient place, so that you can have access to it quickly, if needed.
- Talk to your neighbors and make a plan for supporting each other to let people know when ICE is in the neighborhood.
- Let us know if you see ICE in your community by calling 415.454.2640 or through our Facebook page:

www.facebook.com/CanalAlliance.SanRafael

NOTA IMPORTANTE

Canal Alliance no ofrece
representación legal en
casos de deportación.

Nosotros le
recomendamos
contactar a un abogado
privado de inmigración.

Servicio de referencias
de abogados privados

**American Immigration Lawyers
Association**

1 (800) 954-0254 / ilrs@aila.org /
www.aila.org

San Francisco Bar Association

(415) 989-1616 / www.sfbar.org

www.canalalliance.org
91 Larkspur Street
San Rafael, CA 94901

Phone: 415-454-2640
Fax: 415-454-3967
E-mail: contact@canalalliance.org

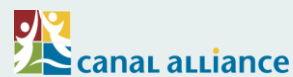
 /CanalAlliance.SanRafael

 /canalalliance



CONOZCA SUS DERECHOS

Prepárese para
protegerse y
proteger a su
familia





¿QUÉ HACER SI LOS OFICIALES DE INMIGRACIÓN “LA MIGRA” LLEGAN A SU CASA?

DERECHO A NO ABRIR LA PUERTA

Usted no tiene la obligación de abrir la puerta a ningún Oficial de Inmigración, a menos que le muestren una orden firmada por un juez. Exíjales que le pasen la orden judicial por debajo de la puerta. Si ellos no tienen una orden judicial, no pueden obligarle a que abra la puerta.

DERECHO A GUARDAR SILENCIO

Usted no tiene la obligación de hablar con ningún Oficial de Inmigración. Usted tiene el derecho a guardar silencio. Responda al Oficial de Inmigración "Uso mi derecho a mantenerme en silencio."



¿QUÉ HACER SI USTED ES ARRESTADO POR LOS OFICIALES DE INMIGRACIÓN “LA MIGRA”?

DERECHO A NO FIRMAR NADA

Si usted es arrestado por los Oficiales de Inmigración, usted no debe firmar nada en un idioma que usted no entienda y use el derecho de consultar con un abogado antes de firmar cualquier documento.

SI TIENE UNA ORDEN DE DEPORTACIÓN

Si usted tiene una orden de deportación, usted tendrá una capacidad más limitada de evitar la deportación, pero es muy importante que use sus derechos de mantenerse en silencio y solicitar un abogado.



¿CÓMO PREPARARME PARA ACCIONES DE CONTROL DE “LA MIGRA”?

- Obtenga un pasaporte del Consulado de su país y asegúrese de que todos en su familia tengan su pasaporte.
- Si usted no quiere que sus hijos le acompañen a su país, considere la obtención de una Declaración de Autorización de la Persona Responsable del Cuidado del Menor.
- Haga una lista de los contactos de emergencia para toda su familia, para que las personas puedan ser informadas en caso de que algo le suceda a usted.
- Mantenga toda esta información en un lugar conveniente para que pueda acceder a ella rápidamente si es necesario.
- Organícese con sus vecinos y desarrollen un plan de apoyo entre ustedes para que la gente sepa si ICE se encuentra en su comunidad.
- Háganos saber si usted ve a ICE en su comunidad llamando al 415.454.2640 o a través de nuestra página de Facebook. www.facebook.com/CanalAlliance.SanRafael

Appendix N: Bilingual Resources in Marin County

Below, the researcher has compiled bilingual (English and Spanish) resources located throughout Marin County. You will find both the contact information, and a brief summary of the sources and services that they offer to individuals residing in Marin.

Hotline	
Phone:	(888) 818-1115
Psychotherapy 24-hour Phone Line.	

Mental Health Promoters	
Contacts:	Silvia Abuja: 415-897-4147; salbuja@northmarincs.org)
	Ana Gonzalez (anamariagon37@gmail.com)
Community health advocates that provide support and connections throughout Marin County.	

Canal Alliance	
Contacts:	Dr. Martin Nolasco PhD, 415-306-0411
Individual, couples, and family counseling.	

North Marin Community Services	
Contacts:	Saraia Calderon MFT, 415-892-1643 ext.309
Individual, couples, and family counseling.	

Mental Health at Marin Community Clinics	
Contacts:	Dr. Elizabeth Horevitz LCSW, PhD 415-448-1500 ehorevitz@marinclinics.org)

Alcohol/Drug Support Groups	
Locations:	<p>AA Groupo Renacer, 118 Alto St. #201, San Rafael</p> <p>AA Groupo Trabajando con los Demas, upstairs of former Playa Azul restaurant, San Rafael</p> <p>AA Group San Rafael, 1104 5th Avenue, San Rafael</p> <p>AA Groupo Querer es poder, 2 Commerical Blvd #2, Novato</p> <p>Alanon Alcohol Justice, 24 Belvedere Street, San Rafael</p>

Intimate Partner Violence	
Contacts:	<p>Services for survivors: center for domestic peace (415-924-3256)</p> <p>Group for men who have been violent- Programa Respeto (415-552-1361)</p> <p>Group for women who have been violent- Programa Mujer Gentil (415-526-2552) at 1368 Lincoln Avenue #203, San Rafael</p> <p>Community Violence Solutions (800-670-7273)</p> <p>Assistance for victims and witnesses of crime (415-473-5080)</p>

Programs for Youth	
Contacts:	<p>Groups for Latinx LGBTQ+ youth- Wednesdays 5pm, Huckleberry Youth Clinic, Montecito Plaza (415-457-2847 x102)</p> <p>TAY space- Dario Ellington, 415-870-9298</p> <p>Huckleberry Youth- 415-258-4944</p> <p>North Marin Community Services- 415-985-5012</p> <p>Canal Welcome Center- 415-526-2486</p> <p>TAY radio- @tayradiomarin</p>

Cuerpo Corazon Comunidad	
Contacts:	<p>Radio: Wednesdays 11am on KBBF 89.1FM, KWMR 90.5, 89.9, 92.3FM (www.cuerpocorazoncomunidad.org)</p> <p>Podcasts: www.cuerpocorazoncomunidad.org, iTunes, Facebook</p> <p>Video: (Facebook) brief psycho-educational videos on the Cuerpo Corazon Comunidad page</p> <p>(Youtube) CCC has a Youtube channel with brief videos on health and wellness (https://www.youtube.com/channel/UCUbz6m498jjPMQuiE6aeNBg)</p>
<p>Visit www.cuerpocorazoncomunidad.org website for free and immediate information. Includes podcasts, announcements about local events, articles, resources, and links to other websites on health, wellness and safety.</p>	

Newspapers
<p>Monthly column on health and wellness in La Voz, bilingual newspaper (www.lavoz.us.com) and Impulso News (www.impulsonews.net). Free throughout the Bay Area and online.</p>

Appendix O: Marin Community Clinics

Novato**Novato North Medical Clinic**

Address: 6100 Redwood Boulevard, Novato 94945

Phone: (415) 448-1500

Adult and family primary health care, behavioral and psychiatry services and referrals, obstetrics and gynecology services, family planning and reproductive health services, optometry, chiropractic services, pharmacy.

Novato South Medical Clinic

Address: 6090 Redwood Boulevard, Novato 94945

Phone: (415) 448-1500

Pediatric, Adult, and Family primary health care, behavioral health and psychiatry services and referrals, obstetrics and gynecology services, family planning and reproductive services, chiropractic services, lab, radiology.

Novato Dental Clinic

Address: 6090 Redwood Boulevard, Novato 94945

Phone: (415) 448-1500

Oral health services for children and adults; preventative, restorative, and emergency dentistry; services include exams, cleaning, fillings, and extractions.

San Rafael**San Rafael Medical Clinic**

Address: 3110 Kerner Boulevard, San Rafael 94901

Phone: (415) 448-1500

Pediatric, adult, and family primary health care, behavioral health and psychiatry services and referrals, family planning and reproductive health services, chiropractic services, lab and pharmacy.

San Rafael Campus Medical Clinic

Address: 3260 Kerner Boulevard, San Rafael 94901

Phone: (415) 448-1500

Pediatric, adult, and family primary health care, obstetrics and gynecology services, behavioral health and psychiatry services and referrals, family planning and reproductive health services, optometry.

San Rafael Dental Clinic

Address: 3110 Kerner Boulevard, San Rafael 94901

Phone: (415) 448-1500

Oral health services for adults and children, preventive, restorative, and emergency dentistry, services include: exams, cleaning, fillings, and extractions.

Fourth Street Dental Clinic, Bldg I

Address: 411 Fourth Street, Suite A Bldg I, San Rafael 94901

Phone: (415) 448-1500

Oral health services for adults and children, preventive and restorative dentistry, services include: exams, cleaning, fillings, and extractions.

Fourth Street Dental Clinic, Bldg II

Address: 411 Fourth Street, Suite A Bldg II, San Rafael 94901

Phone: (415) 448-1500

Oral health services for adults and children, preventive and restorative dentistry, services include: exams, cleaning, fillings, and extractions.

Huckleberry Youth Programs

Address: 361 Third Street, Suite G, San Rafael 94901

Phone: (415) 448-1500

Confidential teen services, drop in only, no appointments taken.

National Alliance on Mental Illness

Address: 555 Northgate Drive, #101, San Rafael 94903

Phone: (415) 444-0480

Email: namimarinoffice@gmail.com

Community Action Marin

Address: 555 Northgate Drive, San Rafael 94903

Phone: (415) 526-7500

Email: cam@camarin.org

Canal Alliance

Address: 91 Larkspur Street, San Rafael 94901

Phone: (415) 454-2640

Marin County**Marin Health and Human Services**

Addresses: 75 Rowland Way, Suite 131, Novato

120 North Redwood Drive, San Rafael

1-6th Street, Point Reyes Station

3240 Kerner Blvd, San Rafael

Larkspur**Larkspur Medical Clinic**

Address: 5 Bon Air Road, Bldg. D, Suite 117, Larkspur 94939

Phone: (415) 448-1500

Adult and family primary health care, behavioral health and psychiatry services and referrals,
family planning and reproductive services, specialty services and referrals.

Appendix P: Medi-Cal Provider Directory- Marin Coun

[http://www.partnershiphp.org/Providers/Medi-Cal/Documents/ProviderDirectory/MCMarinProDir. Pdf](http://www.partnershiphp.org/Providers/Medi-Cal/Documents/ProviderDirectory/MCMarinProDir.Pdf)

Used with permission from Partnership Health



Medi-Cal Provider Directory

Marin County

CONTACT US

(800) 863-4155 | <http://www.partnershiphp.org>

Revised Date: November 9, 2018
08-85215_CPL_001 04/18/2013

TABLE OF CONTENTS

How to use this list.....	1
Para usar esta lista:.....	2
Glossary of Terms.....	3
Glosario de términos	6
Nondiscrimination Notice.....	9
Aviso de no discriminación	11
Grievances	10
Quejas	12
Language Assistance	13
Asistencia de idiomas.....	13
Accessibility Standards.....	16
Estándares de Accesibilidad.....	17
Timely Access to Care.....	18
Acceso oportuno a la atención médica.....	19
Physician Listing Information.....	20
Información del listado de médicos	20
Marin Primary Care Provider.....	21
Bolinas.....	21
Greenbrae	21
Larkspur.....	22
Mill Valley.....	24
Novato	25
Point Reyes	28
Pt Reyes Station.....	29
San Rafael.....	29
Sausalito	33
Marin Facilities, Pharmacy, Urgent Care & VSP List.....	34
Hospitals Primary.....	34
Hospitals Referral.....	34
Mental Health Services - Outpatient.....	36
Pharmacy Network List.....	36
Skilled Nursing Long Term Care Facilities	39
Urgent Care Sites.....	40
Vision Service Plan (VSP) (1-800-877-7195)	40
Marin Referral/Specialist Providers	41
Acupuncture	41
Alternative Birthing Centers.....	42
Ambulatory Surgery Centers	42
Audiology.....	42
Bariatric Surgery.....	43
Behavioral Health Treatment.....	44
Cardiovascular Disease.....	47
Chiropractic	49

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency. See Page 16 for a description of codes: 🏠 P E B I B R E T

PHC PROVIDERS | MARIN COUNTY DIRECTORY

Community Based Adult Services CBAS.....	51
Comprehensive Perinatal Services Program CPSP	51
Dermatology	52
Dialysis Centers.....	53
Durable Medical Equipment	53
Endocrinology	56
Family Planning	56
Gastroenterology	58
General Surgery	59
Gynecology.....	60
HIV AIDS Specialists	63
Hearing Aid Dispenser.....	63
Hematology.....	64
Home Health Agencies	64
Home Infusion Therapy.....	65
Hospice Services.....	66
Infectious Diseases	67
Laboratory Draw Stations	67
Medical Supplies	68
Nephrology	69
Neurology	69
Nutrition Services	70
Obstetrics	70
Occupational Therapy.....	73
Oncology.....	73
Ophthalmology.....	74
Orthopaedic Surgery.....	75
Orthotics Prosthetics	78
Otolaryngology.....	79
Palliative Medicine	79
Pediatric Ophthalmology.....	79
Physical Medicine Rehabilitation	79
Physical Therapy	80
Plastic Reconstructive Surgery.....	80
Podiatry.....	80
Pulmonary Disease	82
Radiation Oncology	83
Radiology.....	83
Sleep Medicine	83
Speech Therapy.....	83
Suboxone/Buprenorphine Treatment.....	84
Telehealth Services	84
Thoracic Surgery	84
Urology	85
INDEX.....	87

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency. See Page 16 for a description of codes: 📞 **P E B I B R E T**

Revised Date: November 9, 2018

Page ii of ii

How to use this list:

1. Pick two primary care providers (PCPs). One will be your first choice and the other will be your second choice. We ask you to pick a second choice in case your first choice is not available.
2. Write the names and the provider numbers of the primary care providers that you picked on the enclosed Primary Care Provider Selection Form. Call our Members Services Department to make sure the doctor or medical group is available.
3. Return the Primary Care Selection Form to PHC using the enclosed postage paid return envelope.
4. You can access some Medi-Cal benefits without an authorization from your PCP. Please refer to your Member Handbook or call the PHC Member Services Department for more information about these services.
5. Some hospitals and/or primary care providers may not provide one or more of the following services that are covered benefits: family planning contraceptive services, including emergency contraception; sterilization, including tubal ligation or abortion. You can obtain more information about these services before you choose your PCP by calling your prospective primary care provider or by calling the PHC's Member Services Department at (800) 863-4155. TTY Users: Call the California Relay Service at (800) 735-2929 or call 711.
6. Members are encouraged to pick a Primary Care Provider (PCP) that is closest to their home. However, members can choose any PCP in their County that is available in this Provider Directory.
7. The telephone number listed under each site in this directory is the same number to call after normal business hours.

If you need help filling out the Primary Care Selection Form or if you have any questions about choosing a primary care provider, please call our Member Services Department at (800) 863-4155. TTY Users: Call the California Relay Service at (800) 735-2929 or call 711.

Your PCP will give you a referral to send you to a specialist if you need one. A specialist is a doctor who has extra education in one area of medicine. Your PCP will work with you to choose a specialist.

For some types of care, your PCP or specialist will need to ask for approval before you get the care. This is called prior authorization or pre-approval. It means that PHC agrees that the care is medically necessary.

If you have any questions concerning handicapped accessibility, please call our Member Services Department at (800) 863-4155. TTY Users: Call the California Relay Service at (800) 735-2929 or call 711.

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency. See Page 16 for a description of codes: 🏠 P E B I B R E T

Para usar esta lista:

1. Escoja dos proveedores de atención primaria (PCP). El primero será el médico que usted prefiere, y el segundo será el que prefiere en segundo lugar. Le pedimos que seleccione dos en caso que el doctor que prefiere no esté disponible.
2. Escriba los nombres y el número de proveedor de cada uno de los dos médicos que escogió en el formulario que se llama "Primary Care Provider Selection Form". Llame a Nuestro Departamento de Servicio al Miembro para asegurarse de que el doctor o el grupo medico está disponible.
3. Regrese el formulario por correo a PHC en el sobre con sello que le incluimos.
4. Usted puede recibir algunos beneficios de Medi-Cal sin ninguna autorización de su doctor primario. Por favor de referir a su Manual para Miembros o llame al departamento de servicios para miembro de PHC para más información sobre estos servicios.
5. Algunos hospitales o proveedores de atención primaria puede que no ofrezcan uno o más de los siguientes beneficios que están cubiertos, como: planificación familiar servicios anticonceptivos, incluyendo anticonceptivo de emergencia, esterilización, incluyendo ligadura de las trompas o aborto. Usted puede recibir más información de estos servicios antes de escoger a su PCP si llama a su prospectivo proveedor de atención primaria o si llama al Departamento de Servicios para Miembros de PHC al (800) 863-4155 (TTY: (800) 735-2929 or 711).
6. Animados a miembros a escoger el proveedor primario (PCP) que esté más cerca de su casa. Sin embargo, miembros pueden escoger cualquier PCP en su condado que esté disponible en este Directorio de Proveedores.
7. El número de teléfono enumerado debajo de cada sitio en el directorio es el mismo número para llamar después de horas normales del negocio.

Si necesita ayuda para completar el formulario que se llama "Primary Care Provider Selection Form", o si tiene preguntas sobre cómo escoger un proveedor de atención primaria, por favor llame a nuestro Departamento de Servicios para Miembros al (800) 863-4155 (TTY: (800) 735-2929 or 711).

Su PCP le dará una referencia para enviarlo a un especialista si lo necesita. Un especialista es un médico que tiene educación adicional en un área de la medicina. Su PCP trabajará con usted para elegir un especialista.

Para algunos tipos de cuidado, su PCP o especialista necesitará pedir autorización antes de que usted obtenga la atención médica. Esto se llama autorización o aprobación previa. Esto significa que PHC esté de acuerdo en que el cuidado es médicamente necesario.

Si tiene cualquier pregunta sobre acceso para incapacitados, por favor llame al Departamento de Servicios para Miembros al ((800) 863-4155 (TTY: (800) 735-2929 or 711).

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency. See Page 16 for a description of codes: 🇵🇪🇧🇮🇧🇷🇪🇹

PHC Provider Directory - Glossary of Terms

Here you'll find definitions of basic terms used in the PHC Provider Directory. If you are unable to find an answer to your question, please call Member Services at (800) 863-4155.

Source of Listings

Information for the following items is obtained from providers when they complete their application to join PHC and every three years thereafter. We also check with providers to validate this information every year. We count on the providers to tell us if this information has changed. Updates that are not communicated to us by the provider will not be added to the directory until our next scheduled verification.

1. Name
2. Gender
3. Specialty
4. Hospital Privileges
5. Medical Group Affiliations
6. Board Certifications
7. Accepting New Patients
8. Languages spoken by providers or clinical staff
9. Office locations and phone numbers

Ancillary Provider

An ancillary provider includes durable medical equipment provider, physical therapist, occupational therapist, etc.

Specialty

Specialty means the type of medical care the physician practices. For example, the doctor could specialize in family medicine, dermatology, cardiology, etc. When a physician indicates a specialty on their application to join PHC, we check the providers' education and training history to ensure they are qualified to provide the type of specialty care indicated. Many physicians will complete additional education and training in their specialty area and receive a certification. Please see Board Certification below.

Board Certification

Board certification means the physician completed additional education and training in an area of medicine and passed an examination that certifies he or she has expertise in this area. This information is checked with the American Board of Medical Specialties (ABMS) or other boards when providers complete their application to join PHC and every three years after that. We also check this information every year by asking providers to tell us if the information is still correct. If you would like updated information about a provider's board certification, visit the ABMS website at www.abms.org. Then click on the "Is Your Doctor Certified?" link.

Education and Training If you have a question about a physician's education and training, you can find the information on the Medical Board of California website at www.mbc.ca.gov under License Search, or call PHC Member Services (800) 863-4155.

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency. See Page 16 for a description of codes: 🇵🇪🇧🇮🇧🇷🇪🇹

Community Health Clinic

This is a clinic staffed by a group of doctors and nurses located in a community.

Medical Group Affiliations

The practice, or medical group, the provider belongs to.

Assigned Hospital

The hospital that your provider will send you to when you need inpatient care, unless the care is not available at this hospital.

Hospital Privileges

The hospital where the provider has been approved to render or arrange care.

Provider Languages

Languages other than English spoken by the provider and other clinical staff.

Staff Languages

Languages other than English spoken by nonclinical office staff at the site, not providers.

Provider Address

The location where services and care are rendered.

Provider Site Status

- **Accepting New Patients:** The provider site is able to see new patients.
- **Accepting Existing Patients:** The provider site is only able to see patients who are already assigned to the site.
- **Available by Referral Only:** The provider site is only able to see patients who are referred by their primary care physician.
- **Available only through a hospital or facility:** The provider does not see patients in an office setting. The provider only works with patients who are receiving care at a hospital or facility.
- **Not Accepting New Patients:** The provider site is not able to add new patients to their site.

Specialty Type Allows searching by the provider's medical specialty, or the type of facility. For example, if you are looking for a Dermatologist, select Dermatology from the list. Note: Some physicians may have more than one specialty. For facilities, if you are looking for a hospital, for example, select hospital.

Terms Used in Hospital Listings The Provider Directory allows you to search for hospitals, clinics and other facilities in PHC's network. Below is a list of information you can find in the Provider Directory about a hospital and what they mean. This information is self-reported by the hospital and updated every three years or more frequently as reported by the hospital. We also check with the hospitals to validate this information every year. We count on the hospital to tell us if this information has changed. Updates that are not communicated to us by the hospital will not be added to the directory until our next scheduled validation.

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ⓘ = Trained in Cultural Competency. See Page 16 for a description of codes: ⓘ **P E B I B R E T**

- **Name** means the name of a hospital in PHC's network.
- **Address** means the physical location of a hospital in PHC's network.
- **Phone** means the telephone number of a hospital in PHC's network.

Hospital Quality Data Sources

Hospital Quality Data means data from recognized nation or state sources about the quality of a hospital in PHC's network. PHC's Provider Directory includes links to quality data from The Leapfrog Group and Quality Check. This information is validated with the applicable accreditation entity every three years or more frequently as report by the hospital.

Hospital Accreditation

When a hospital goes through a review to assess the quality of its systems and processes by an outside organization. PHC checks with the accrediting body to see if the hospital is accredited every 3 years. The Provider Directory includes a link to the hospital's accrediting body.

Wheelchair & Accessibility Codes

This information is for people with disabilities to help them find an accessible office. Each office is evaluated on the level of access for parking, building, elevator, doctor's office exam room, and restrooms.

Levels of Access

Accessibility Codes (see page 16 for a description of codes: ♿ **P EB IB R E T**)

Basic Access

The office meets the standards below for parking, exterior and interior building, restrooms, and exam rooms (P, EB, IB, R, and E).

Limited Access

The office does not meet one or more of the standards for parking, exterior and interior building, restrooms, and exam rooms (P, EB, IB, R, and E).

Medical Equipment Access

The office meets the standard below for exam tables and scales (T).

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ♿ = Trained in Cultural Competency. See Page 16 for a description of codes: ♿ **P EB IB R E T**

Directorio de proveedores PHC - Glosario de términos

Aquí encontrará las definiciones de términos básicos utilizados en el directorio de proveedores de PHC. Si no puede encontrar una respuesta a su pregunta, por favor llame a servicios al miembro al (800) 863-4155.

Fuente de listados

Información para los siguientes artículos se obtiene de parte de los proveedores cuando terminan su solicitud para inscribirse en PHC y cada tres años en lo consiguiente. También verificamos con los proveedores para validar esta información cada año. Confiamos en que los proveedores nos indicarán si esta información ha cambiado. Las actualizaciones que no se nos comuniquen de parte del proveedor no se agregarán al directorio hasta nuestra próxima verificación.

1. Nombre
2. Sexo
3. Especialidad
4. Privilegios en el hospital
5. Afiliaciones con grupos médicos
6. Certificación profesional de la junta
7. Aceptando pacientes nuevos
8. Idiomas que hablan los proveedores o el personal clínico
9. Ubicaciones de las oficinas y números de teléfono

Proveedores de servicios auxiliares

Un proveedor de servicios auxiliares incluyen a un proveedor de equipo médico duradero, fisioterapeuta, terapeuta ocupacional, etc.

Especialidad

Especialidad significa el tipo de atención médica que los médicos proporcionan en su consultorio. Por ejemplo, el médico podría especializarse en medicina familiar, cardiología, dermatología, etc. Cuando un médico indica una especialidad en su solicitud para inscribirse en PHC, nosotros verificamos la formación educativa del proveedor y el historial de su capacitación para asegurarnos de que estén calificados para proporcionar el tipo de atención especializada que se indica. Muchos médicos terminarán su formación educativa y capacitación en su área de especialidad y recibirán una certificación. Por favor consulte la certificación profesional de la junta a continuación.

Certificación profesional de la junta

La certificación profesional de la junta significa que el médico terminó una formación educativa adicional y capacitación en un área de la medicina y pasó un examen que certifica que él o ella tiene experiencia en esta área. Esta información es revisada con la Junta Americana de Especialidades Médicas (ABMS-siglas en inglés) o con otras juntas cuando los proveedores contestan su solicitud para inscribirse en PHC y cada tres años en lo consiguiente. También revisamos esta información cada año al solicitarle a los proveedores que nos indiquen si la información todavía es correcta. Si desea obtener información actualizada acerca de la certificación de un proveedor ante la junta, visite el sitio web ABMS en www.abms.org. Luego, haga clic en el vínculo "Está certificado su médico?"

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ⓘ = Trained in Cultural Competency. See Page 16 for a description of codes: ⓘ **P E B I B R E T**

Formación educativa y capacitación

Si tiene alguna pregunta sobre la formación educativa y capacitación de un médico, usted puede encontrar la información en el sitio web de la Junta Médica de California en www.mbc.ca.gov en la sección de Búsqueda de la Licencia o llame a servicios al miembro de PHC al (800) 863-4155.

Clínica comunitaria de salud

Esta es una clínica que cuenta con un grupo de médicos y enfermeras ubicados en la comunidad.

Afiliaciones con grupos médicos

El consultorio o grupo médico al que el proveedor pertenece.

Hospital asignado

El hospital al que su proveedor le enviará cuando usted necesite atención de hospitalización, a menos que la atención no esté disponible en ese hospital.

Privilegios en el hospital

El hospital en el que el proveedor haya sido aprobado para brindar o coordinar la atención.

Idiomas que habla el proveedor

Idiomas que no sean el inglés que el proveedor y otro personal clínico hablan.

Idiomas que habla el personal

Idiomas que no sean el inglés que el personal no clínico del consultorio habla en el sitio, no se refiere a los proveedores.

Dirección del proveedor

El lugar donde se brindan los servicios y la atención.

Estado del sitio de los proveedores

- **Aceptando pacientes nuevos:** el sitio del proveedor es capaz de atender a pacientes nuevos.
- **Aceptando pacientes ya existentes:** el sitio del proveedor sólo es capaz de atender a los pacientes que ya han sido asignados al sitio.
- **Disponible con referencia únicamente:** el sitio del proveedor solo puede atender a los pacientes que son referidos por su médico de atención primaria.
- **Disponible únicamente por medio de un hospital o centro de salud:** el proveedor no atiende a los pacientes en un entorno de consultorio. El proveedor únicamente trabaja con los pacientes que están recibiendo atención en un hospital o centro de salud.
- **No acepta nuevos pacientes:** el sitio del proveedor no está disponible para atender a nuevos pacientes en su sitio.

Tipo de especialidad

Permite la búsqueda del proveedor por especialidad médica o por el tipo de centro de salud. Por ejemplo, si usted está buscando un dermatólogo, seleccione Dermatología en la lista. Nota: Algunos médicos pueden tener más de una especialidad. Para centros de salud, si usted está buscando un hospital, por ejemplo, seleccione hospital.

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency. See Page 16 for a description of codes: 🇵🇪🇧🇮🇧🇷🇪🇹

Términos utilizados en los listados del Hospital

El directorio de proveedores le permite buscar hospitales, clínicas y otros centros de salud en la red de PHC. A continuación encontrará una lista de la información sobre un hospital que usted puede encontrar en el directorio de proveedores y lo que significa. Esta información es auto reportada por el hospital y se actualiza cada tres años o con más frecuencia conforme el hospital lo informe. También verificamos con los hospitales para validar esta información cada año. Confiamos en que los hospitales nos indicarán si esta información ha cambiado. Las actualizaciones que no se nos comuniquen de parte del hospital no se agregarán al directorio hasta nuestra próxima validación programada.

- **Nombre** significa el nombre de un hospital de la red de PHC.
 - **Dirección** significa la ubicación física de un hospital de la red de PHC.
- Teléfono** es el número de teléfono de un hospital de la red de PHC.

Fuente de datos de calidad del hospital

Los datos sobre la calidad del hospital son los datos de parte de fuentes nacionales o estatales reconocidas sobre la calidad de un hospital de la red de PHC. El directorio de proveedores de PHC incluye vínculos a información sobre la calidad del The Leapfrog Group and Quality Check. Esta información es validada con la entidad de acreditación aplicable cada tres años o con más frecuencia conforme el hospital lo informe.

Acreditación de hospitales

Cuando un hospital experimenta una revisión para evaluar la calidad de sus procesos y sistemas por una organización externa. PHC verifica con el organismo de acreditación para determinar si el hospital es acreditado cada 3 años. El directorio de proveedores incluye un enlace al organismo de acreditación del hospital.

Silla de ruedas y los códigos de accesibilidad

Esta información es para las personas con discapacidades para ayudarles a encontrar una oficina accesible. Cada clínica se evalúa de acuerdo al nivel de acceso para el estacionamiento, el edificio, el ascensor, el consultorio de examinación del médico y los baños.

Niveles de acceso

Los códigos de accesibilidad (vea la página 17 para obtener una descripción de los códigos: **P EB IB R E T**)

Acceso básico

La oficina cumple con los estándares que se encuentran a continuación para el estacionamiento, el interior y exterior del edificio, baños y los consultorios de examinación (P, EB, IB, R y E).

Acceso limitado

La oficina no cumple con uno o más de los estándares para el estacionamiento, el interior y exterior del edificio, los baños y los consultorios de examinación (P, EB, IB, R y E).

Acceso al equipo médico | consultorio cumple con los siguientes estándares en mesas de examinación y básculas (T).

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency. See Page 16 for a description of codes: **P EB IB R E T**

NONDISCRIMINATION NOTICE

Discrimination is against the law. Partnership HealthPlan of California follows Federal civil rights laws. Partnership HealthPlan of California does not discriminate, exclude people, or treat them differently because of race, color, national origin, age, disability, or sex.

Partnership HealthPlan of California provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - ✓ Qualified sign language interpreters
 - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - ✓ Qualified interpreters
 - ✓ Information written in other languages

If you need these services, contact Partnership HealthPlan of California between 8 a.m. – 5 p.m. by calling (800) 863-4155. Or, if you cannot hear or speak well, please call (800) 735-2929 or 711.

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🧠 = Trained in Cultural Competency. See Page 16 for a description of codes: 🚫 **P E B I B R E T**

HOW TO FILE A GRIEVANCE

If you believe that Partnership HealthPlan of California has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Partnership HealthPlan of California. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact Partnership HealthPlan of California between 8 a.m. – 5 p.m. by calling (800) 863-4155. Or, if you cannot hear or speak well, please call (800) 735-2929 or 711.
- **In writing:** Fill out a complaint form or write a letter and send it to:
Partnership HealthPlan of California
4665 Business Center Drive
Fairfield, CA 94534

OR
Partnership HealthPlan of California
3688 Avtech Parkway
Redding, CA 96002
- **In person:** Visit your doctor's office or Partnership HealthPlan of California and say you want to file a grievance.
- **Electronically:** Visit website Partnership HealthPlan of California at www.partnershiphp.org

OFFICE OF CIVIL RIGHTS

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **(800) 368-1019**. If you cannot speak or hear well, please call **TTY/TDD (800) 537-7697**.
- **In writing:** Fill out a complaint form or send a letter to:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- **Electronically:** Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ⓘ = Trained in Cultural Competency. See Page 16 for a description of codes: ⓘ **P E B I B R E T**

AVISO DE NO DISCRIMINACIÓN

La discriminación está prohibida por ley. Partnership HealthPlan of California cumple las leyes federales de derechos civiles. Partnership HealthPlan of California no discrimina, excluye ni trata a personas de manera diferente debido a la raza, color, nacionalidad, edad, discapacidad o sexo.

Partnership HealthPlan of California proporciona:

- Ayuda gratuita y servicios a las personas con discapacidades para comunicarse mejor, como:
 - ✓ Intérpretes de lenguaje de señas calificados
 - ✓ Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Servicios gratuitos de idiomas para las personas cuyo idioma primario no es el inglés, como:
 - ✓ Intérpretes calificados
 - ✓ Información escrita en otros idiomas

Si necesita estos servicios, comuníquese a Partnership HealthPlan of California de 8 a. m. a 5 p. m. llamando al (800) 863-4155. O, si no puede escuchar o hablar bien, por favor llame al (800) 735-2929 o 711.

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency. See Page 16 for a description of codes: 🇵🇪🇧🇮🇧🇷🇪🇹

COMO PRESENTAR UNA QUEJA

Si usted cree que Partnership HealthPlan of California ha fallado en proveer estos servicios o ha discriminado en otra manera basada en raza, color, nacionalidad, edad, discapacidad o sexo, usted puede presentar una queja ante Partnership HealthPlan of California. Usted puede presentar una queja por teléfono, por escrito o por vía electrónica:

- **Por teléfono:** Póngase en contacto con Partnership HealthPlan of California entre 8 a.m. - 5 p.m. llamando al (800) 863-4155. O, si no puede escuchar o hablar bien, por favor llame al (800) 735-2929 o 711.
- **Por escrito:** Llene un formulario de reclamo o escriba una carta y envíela a:
 Partnership HealthPlan of California
 4665 Business Center Drive
 Fairfield, CA 94534
 O
 Partnership HealthPlan of California
 3688 Avtech Parkway
 Redding, CA 96002
- **En persona:** Visite al consultorio de su médico o Partnership HealthPlan of California y diga que desea presentar una queja.
- **Por vía electrónica:** Visite el sitio web de Partnership HealthPlan of California en www.partnershiphp.org

OFICINA DE DERECHOS CIVILES

Usted también puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE. UU., por teléfono, por escrito o por vía electrónica:

- **Por teléfono:** Llame al **(800) 368-1019**. Si no puede escuchar o hablar bien, favor de llamar al **TTY/TDD (800) 537-7697**.
- **Por escrito:** Llene un formulario de reclamo o envíe una carta a:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
 Los formularios de quejas están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.
- **Por vía electrónica:** Visite el Portal de Reclamos de la Oficina de Derechos Civiles, al <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ⓘ = Trained in Cultural Competency. See Page 16 for a description of codes: ⓘ **P E B I B R E T**

LANGUAGE ASSISTANCE

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call (800) 863-4155 (TTY: (800) 735-2929 or 711).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (800) 863-4155 (TTY: (800) 735-2929 or 711).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (800) 863-4155 (TTY: (800) 735-2929 or 711).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (800) 863-4155 (TTY: (800) 735-2929 or 711).

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (800) 863-4155 (TTY: (800) 735-2929 or 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (800) 863-4155 (TTY: (800) 735-2929 or 711) 번으로 전화해 주십시오.

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ⓘ = Trained in Cultural Competency. See Page 16 for a description of codes: ⓘ **P E B I B R E T**

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (800) 863-4155 (TTY: (800) 735-2929 or 711)。

Հայերեն (Armenian)

ՌԻՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք (800) 863-4155 (TTY (հեռատիպ)՝ (800) 735-2929 or 711):

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (800) 863-4155 (TTY: (800) 735-2929 or 711) تماس بگیرید.

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。(800) 863-4155 (TTY: (800) 735-2929 or 711) まで、お電話にてご連絡ください。

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (800) 863-4155 (TTY: (800) 735-2929 or 711).

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ :ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ ,ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। (800) 863-4155 (TTY: (800) 735-2929 or 711) 'ਤੇ ਕਾਲ ਕਰੋ।

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ⓘ = Trained in Cultural Competency. See Page 16 for a description of codes: ⓘ **P E B I B R E T**

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 863-4155 (800) (رقم هاتف الصم والبكم: 711 (or 735-2929 (800).

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (800) 863-4155 (TTY: (800) 735-2929 or 711) पर कॉल करें।

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (800) 863-4155 (TTY: (800) 735-2929 or 711).

ខ្មែរ (Cambodian)

ប្រយ័ត្ន: បរិស្ថានជាអ្នកនិយាយ ភាសាខ្មែរ, បសវនករជំនួយខ្មែរក្នុងការ បោសសម្អាតគឺមានសេវាបរិស្ថាន។ ចូរ ទូរស័ព្ទ (800) 863-4155 (TTY: (800) 735-2929 or 711) ។

ພາສາລາວ (Laotian)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ (800) 863-4155 (TTY: (800) 735-2929 or 711)

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ⓘ = Trained in Cultural Competency. See Page 16 for a description of codes: ⓘ P E B I B R E T

Accessibility Standards for Seniors and Persons with Disabilities

This directory now lists codes to define “accessibility” standards. These standards are meant to help seniors and persons with disabilities. The intent is that members can get in and around offices safely and without help from others. These codes are not yet listed for all providers. If you do not see these codes listed under a certain provider’s name, just call the office. You can ask if they have the type of access that you need.

Levels of Access

Basic Access

The office meets the standards below for parking, interior and exterior building, exam rooms, and restrooms (P, EB, IB, R, and E).

Limited Access

The office does not meet one or more of the standards below for parking, interior and exterior building, exam rooms, and restrooms (P, EB, IB, R, and E).

Medical Equipment Access

The office meets the standard below for exam tables and scales (T).

Accessibility Codes

♿ = Wheelchair Accessible

P = Parking

Accessible parking spaces, including van accessible spaces(s), are present. Pathways have curb ramps between the parking lot, office, and at drop off areas.

EB = Exterior Building

Curb ramps and other ramps to the building are not too long. Ramps are wide enough for a wheelchair or scooter. Handrails are on both sides of the ramp. There is an “accessible” entrance to the building. Doors open wide enough for a wheelchair or scooter, and have handles that are easy to use.

IB = Interior Building

Pathways are wide enough for a wheelchair or scooter. Stairs, if present, have handrails. If there is an elevator, it can be used at all times the building is open. The elevator has easy to hear sounds and Braille buttons within reach. The elevator has enough room for a wheelchair or scooter to turn around. If there is a platform lift, it can be used without help.

R = Restroom

The restroom doors are wide enough for a wheelchair or scooter. The restroom has enough room for a wheelchair or scooter to turn around and close the door. There are grab bars which allow easy transfer from wheelchair to toilet. The sink is easy to get to and the faucets, soap, and toilet paper are easy to reach and use.

E = Exam Room

The doors to the exam rooms open wide enough for a wheelchair or scooter. The exam room has enough room for a wheelchair or scooter to turn around.

T = Exam Table/Scale

The exam table moves up and down and has space next to it for a wheelchair or scooter. The weight scale can be used by patients with wheelchairs or scooters.

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ♿ = Trained in Cultural Competency. See Page 16 for a description of codes: ♿ **P EB IB R E T**

Normas de Accesibilidad para Personas Mayores y Personas con Discapacidades

Este directorio enumera los códigos para definir las normas de "accesibilidad". Estas normas pretenden ayudar a personas mayores y a personas con discapacidades. La intención es que los miembros puedan entrar y desplazarse por las oficinas de manera segura y sin ayuda de otros. Estos códigos todavía no se encuentran enumerados para todos los proveedores. Si no ve estos códigos enumerados bajo el nombre de cierto proveedor, llame a la oficina del proveedor. Puede preguntar si tienen el tipo de acceso que usted necesita.

Niveles de acceso

Acceso básico

La oficina cumple con las normas de estacionamiento, interior y exterior del edificio, salas de examen y baños (P, EB, IB, R y E).

Acceso limitado

La oficina no cumple con una o más de las normas de estacionamiento, interior y exterior del edificio, salas de examen y baños (P, EB, IB, R y E).

Acceso de equipo médico

La oficina cumple con la norma para camillas de examen y básculas (T).

Códigos de accesibilidad

♿ = Accesible a silla de ruedas (Wheelchair Accessible)

P = Estacionamiento (Parking)

Espacios de estacionamiento accesible, incluyendo espacios accesibles para van, están presente. Las entradas tienen rampas de acceso en las aceras entre el estacionamiento, la oficina y las áreas para dejar a las personas.

EB = Exterior del edificio (Exterior Building)

Las rampas en las aceras y otras rampas hacia el edificio no son demasiado largas. Las rampas son suficientemente anchas para permitir el acceso de una silla de ruedas o un scooter. Los pasamanos se encuentran en ambos lados de la rampa. El edificio tiene una entrada "accesible". La abertura de las puertas es suficientemente ancha como para permitir el acceso de una silla de ruedas o un scooter, y tienen agarraderas que son fáciles de usar.

IB = Interior del Edificio (Interior Building)

Los pasillos son lo suficientemente anchos como para una silla de ruedas o un scooter. Las escaleras, si las hay, tienen pasamanos. Si hay ascensor, puede usarse en todo momento en que el edificio esté abierto. El ascensor tiene sonidos fáciles de oír y botones Braille al alcance. El ascensor tiene espacio suficiente como para que una persona en silla de ruedas o scooter se dé vuelta. Si hay ascensor con plataforma, se puede usar sin ayuda.

R = Baño (Restroom)

Las puertas del baño son lo suficientemente anchas como para una silla de ruedas o un scooter. El baño tiene suficiente espacio para que una persona en silla de ruedas o scooter se dé vuelta y cierre la puerta. Hay pasamanos que permiten trasladarse fácilmente de la silla de ruedas al inodoro. Es fácil llegar al lavamanos, y las llaves, jabón y papel higiénico son fáciles de alcanzar y usar.

E = Sala de Examen (Exam Room)

La abertura de las puertas que llevan hacia las salas de examen son lo suficientemente anchas como para una silla de ruedas o un scooter. La sala de examen tiene suficiente espacio como para que una persona en silla de ruedas o scooter se dé vuelta.

T = Camilla de Examen/Báscula (Exam Table/Scale)

La camilla de examen se mueve hacia arriba y hacia abajo y tiene espacio a un lado como para una silla de ruedas o scooter. Los pacientes en sillas de ruedas o scooters pueden usar la báscula.

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ♿ = Trained in Cultural Competency. See Page 16 for a description of codes: ♿ **P EB IB R E T**

Timely Access to Care

This table shows you the how long it should take you to get an appointment with a PHC provider. If it takes you longer to get an appointment you can call us at **(800) 863-4155** for assistance. If you need care outside the normal office hours, you can call the Advice Nurse at no cost to you. The Advice Nurse line is available 7 days a week, 24 hours a day at (866) 778-8873, TTY users call (800) 735-2929 or 711.

Appointment Type	Must Get Appointment Within
Urgent care appointments that do not require pre-approval (prior authorization)	48 hours
Non-urgent primary care appointments	10 business days
Non-urgent specialist	15 business days
Non-urgent mental health provider (non-physician)	10 business days
Non-urgent appointment for ancillary services for the diagnosis or treatment of injury, illness, or other health condition	15 business days
Telephone wait times during normal business hours	5 minutes
Triage – 24/7 services	24/7 services – No more than 30 minutes

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency. See Page 16 for a description of codes: 🏠 **P E B I B R E T**

Acceso oportuno a la atención médica

Esta tabla le muestra qué tanto tiempo debería tomarle obtener una cita con un proveedor de PHC. Si llega a tomar más tiempo puede comunicarse con nosotros al **(800) 863-4155** para solicitar asistencia. Si necesita atención médica fuera del horario normal del consultorio, puede llamar a la enfermera de asesoría sin costo alguno para usted. La línea de asesoría de enfermeras está disponible los 7 días a la semana, las 24 horas al día al (866) 778-8873, los usuarios de TTY deben llamar al (800) 735-2929 o marcar 711.

Tipo de cita	Debe obtener la cita dentro de
Citas de atención de urgencia que no requieren aprobación previa (autorización previa)	48 horas
Citas de atención médica primaria no urgentes	10 días laborales
Especialista no urgente	15 días laborales
Proveedor de salud mental no urgente (profesional de la salud no médico)	10 días laborales
Cita no urgente para servicios auxiliares para el diagnóstico o tratamiento de una lesión, enfermedad u otra afección de salud	15 días laborales
Tiempos de espera al teléfono durante el horario normal de trabajo	5 minutos
Triage - servicios 24/7	Servicios las 24 horas del día, los 7 días de la semana – No más de 30 minutos

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency. See Page 16 for a description of codes: 📞 **P E B I B R E T**

Physician Listing Information

To report a potential error in the Provider Directory - Email PHCDirectory@partnershiphp.org or call (800) 863-4155.

How to read the Provider Directory

To help you in your selection, the following information is provided about each personal physician.

Como leer el Directorio de Proveedores

Para ayudarle a seleccionar un proveedor, lea la información siguiente sobre cada proveedor.

City Location or Specialty Type	Fairfield	Ubicación de Ciudad o Tipo de Especialidad
Provider Site Name	Family Medical Center	Nombre del Sitio del Proveedor
PCP Site Number	PCP # 1234-0001	Número de Sitio del PCP
Enrollment Status	Open to New Patients	Estado de Inscribirse
Ages Accepted	Ages: No Age Limitations	Las Edades Aceptadas
Hospital Affiliation	Hospital(s): NorthBay	Afiliación de Hospital
Address	1234 Hospital Drive Fairfield, CA 94534	Dirección
Accessibility	♿ P E B I B R E T	Accesibilidad
Phone	(707) 555-5555 (phn)	Teléfono
Fax	(707) 555-5556 (fax)	Fax
URL Website	www.abc123.com	URL Sitio Web
Hours	Mon – Fri 8 a.m. – 6 p.m.	Horas
Medical Specialty	Family Practice	Especialidad Médica
Provider's Name	◆ Doe, John MD 🌐	Nombre del Proveedor Médico
NPI	1234567890	NPI
License Number	A12345	Número de Licencia
Languages	Spanish, Tagalog	Idiomas
Special Accommodations and Levels of Access	Adj. Exam Tables Special Scales for Wheelchairs Scales that weigh up to 300lbs Hoyer Lift Gurney Accommodations Hearing Impaired Accommodations Onsite Interpretation Services Basic Access	Alojamiento Especial y Niveles de Acceso

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency. See Page 16 for a description of codes: ♿ P E B I B R E T

**PHC PRIMARY CARE PROVIDERS
MARIN COUNTY DIRECTORY**

Bolinas

Bolinas Community Health Center

Coastal Health Alliance
PCP PHC#: 9896-0012
 NPI: 1760584049
 FQHC
 Family Medicine
Accepting New Patients
 No Age Limitations
 CHDP Provider
 Assigned Hospital: Marin General Hospital

88 Mesa Rd
 Bolinas, CA 94924
 ☎, **P,EB,IB,E**
 Level of Access: Limited
 Skilled Medical Interpreter Service
 Primary Phone: (415) 663-8666
 Primary Fax: (415) 663-9532
 Mon, Wed, Thu 9:00 AM - 5:00 PM

Family Medicine
Munich, Edwin S, MD 🌐
 ♦ Family Medicine
 NPI: 1770556805
 License: A65696
 Gender: Male
O'Malley, Anna Kristina, MD 🌐
 ♦ Family Medicine
 NPI: 1447459185
 License: A100464
 Gender: Female
 Spanish

Chase, Carolyn Ruth, FNP 🌐
 NPI: 1811024599
 License: 9465
 Gender: Female
 Spanish

Manulkin, Stephanie Elizabeth,

FNP 🌐
 NPI: 1508280595
 License: 95000298
 Gender: Female
 Spanish

Mendenhall, Ann Marie, PA-C 🌐
 NPI: 1316320682
 License: 52613
 Gender: Female

Special Accommodations: Adj. Exam
 Tables, Hearing Impaired
 Accommodations, Gurney
 Accommodations, Scales that weigh
 up to 400lbs

Greenbrae

Marin Headlands Medical Group

Sutter Pacific Medical Foundation
PCP PHC#: 22871-0017
 NPI: 1003267196
 Family Medicine, Internal Medicine
Accepting Existing Patients
 19 Years and Older
 Assigned Hospital: Marin General Hospital

1350 S Eliseo Dr Ste 220
 Greenbrae, CA 94904
 ☎, **EB,E,T**
 Level of Access: Limited
 Primary Phone: (415) 464-0411
 Primary Fax: (415) 369-1376
 Mon - Fri 8:00 AM - 5:00 PM

Family Medicine

Glatt, Patricia Anne, MD
 ♦ Family Medicine
 NPI: 1306936729
 License: G53034
 Gender: Female
 Hospital Privileges: Novato
 Community Hospital

Internal Medicine

Ullah, Nushrat Jahan, MD
 ♦ Internal Medicine
 NPI: 1205071222
 License: A120589
 Gender: Female
 Bengali
 Hospital Privileges: Marin General Hospital

Special Accommodations: Adj. Exam
 Tables, Medical Equipment Access,
 Scales that weigh up to 400lbs

Marin Healthcare District

PCP PHC#: 26117-0004
 NPI: 1659609964
 Internal Medicine
Accepting Existing Patients
 19 Years and Older
 Assigned Hospital: Marin General Hospital

1341 S Eliseo Dr Ste 200
 Greenbrae, CA 94904
 ☎, **P,EB,IB,R,E**
 Level of Access: Basic
 Primary Phone: (415) 464-8169
 Primary Fax: (415) 925-9712
 www.marinhealthcare.org
 Mon - Fri 9:00 AM - 5:00 PM

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

♦ = Board Certified 🌐 = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ **P EB IB R E T**

**PHC PRIMARY CARE PROVIDERS
MARIN COUNTY DIRECTORY**

Internal Medicine

Clark-Sayles, Catharine Teresa, MD

◆ Internal Medicine
NPI: 1518952860
License: G49182
Gender: Female
Hospital Privileges: Marin General Hospital

El-Ghoneimy, Ahmed Kamal El-Din, MD

NPI: 1942257852
License: A93235
Gender: Male
Arabic
Hospital Privileges: Marin General Hospital

Fabi, Mary Rose Lazo, MD

◆ Internal Medicine
NPI: 1740489798
License: A84008
Gender: Female
Hospital Privileges: Marin General Hospital

Ward, John Williams, MD

◆ Internal Medicine
NPI: 1285618090
License: G54812
Gender: Male
Spanish
Hospital Privileges: Marin General Hospital

Special Accommodations: Adj. Exam Tables, Gurney Accommodations

Marin Pediatric Associates

PCP PHC#: 22881-0002

NPI: 1588706543
Pediatrics
Accepting Existing Patients
0-18 Years
CHDP Provider
Assigned Hospital: Marin General Hospital

1100 S Eliseo Dr Ste 106
Greenbrae, CA 94904
☎, P, IB, E
Level of Access: Limited
Primary Phone: (415) 461-8828
Primary Fax: (415) 461-3772
Mon - Fri 9:00 AM - 5:00 PM

Pediatrics

Meill, Jane Marten, MD

◆ Pediatrics
NPI: 1114090396
License: G59472
Gender: Female
Hospital Privileges: Marin General Hospital

Palfy, Shelley Ann, MD

◆ Pediatrics
NPI: 1043282429
License: A104009
Gender: Female

Larkspur

**Marin Community Clinics -
Larkspur Clinic**

PCP PHC#: 5931-0012

NPI: 1912091018
FQHC
Family Medicine, Internal Medicine
Accepting New Patients
19 Years and Older
Assigned Hospital: Marin General Hospital

5 Bon Air Rd Ste 117
Larkspur, CA 94939
☎, P, EB, IB
Level of Access: Limited
Primary Phone: (415) 448-1500
Primary Fax: (415) 448-1505
Mon - Fri 8:00 AM - 5:00 PM

Family Medicine

Perez, Francis X, MD

◆ Family Medicine
NPI: 1295812204
License: A82813
Gender: Male

Internal Medicine

Levine, Claudia, MD

◆ Internal Medicine
NPI: 1619026572
License: C137475
Gender: Female

Shore, Carolyn Magdalene, MD

◆ Internal Medicine
NPI: 1831285444
License: G60321
Gender: Female

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ P EB IB R E T

**PHC PRIMARY CARE PROVIDERS
MARIN COUNTY DIRECTORY**

Sinaiko, Robert James, MD

◆ Allergy & Immunology
◆ Internal Medicine
NPI: 1205044831
License: G24199
Gender: Male
Spanish

Lim, Douglas Steven, ANP

NPI: 1407258866
License: 95000478
Gender: Male
Mandarin, Spanish

Special Accommodations: Adj. Exam
Tables, Scales that weigh up to
350lbs

Prima Medical Group**PCP PHC#: 23679-0017**

NPI: 1548258106
Family Medicine, Internal Medicine
Accepting Existing Patients
18 Years and Older
Assigned Hospital: Marin General
Hospital

1100 Larkspur Landing Cir Ste 10
Larkspur, CA 94939

☎, **P,EB,IB,R**

Level of Access: Limited
Primary Phone: (415) 924-1214
Primary Fax: (415) 924-1375
Mon - Fri 8:00 AM - 5:30 PM

Family Medicine**Graham, John M, MD**

◆ Family Medicine
NPI: 1306836366
License: A72388
Gender: Male
Hospital Privileges: Marin General
Hospital

Osborn, Oliver Strong, MD

◆ Family Medicine
NPI: 1700874377
License: G78700
Gender: Male
Yee, Alice, DO
◆ Family Medicine
NPI: 1194985879
License: 20A10435
Gender: Female
Cantonese
Hospital Privileges: Marin General
Hospital

Internal Medicine**Basu, Anjuli, MD**

NPI: 1679583579
License: A77943
Gender: Female
Hospital Privileges: Marin General
Hospital

Redfern, Mary A, NP

NPI: 1447266747
License: 6418
Gender: Female

Special Accommodations: Adj. Exam
Tables, Hearing Impaired
Accommodations, Scales that weigh
up to 500lbs

Tamalpais Pediatrics**PCP PHC#: 22869-0002**

NPI: 1073580320
Pediatrics
Accepting Existing Patients
0-18 Years
CHDP Provider
Assigned Hospital: Marin General
Hospital

5 Bon Air Rd Ste 105
Larkspur, CA 94939

☎, **IB,E**

Level of Access: Limited
Skilled Medical Interpreter Service
Primary Phone: (415) 461-0440
Primary Fax: (415) 461-3792
Mon - Thu 9:00 AM - 5:00 PM
Fri 9:30 AM - 5:00 PM

Pediatrics**Branco, Nelson, MD** ☎

◆ Pediatrics
NPI: 1841270451
License: A60826
Gender: Male
Portuguese, Spanish
Hospital Privileges: Marin General
Hospital

Heath, Erin Noel, MD ☎

◆ Pediatrics
NPI: 1881673283
License: G65494
Gender: Female
Spanish
Hospital Privileges: Marin General
Hospital

LaBarbara, Allyson Marie, MD

◆ Pediatrics
NPI: 1730386533
License: A92440
Gender: Female

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ **P EB IB R E T**

Revised Date: November 9, 2018

Page 23 of 89

**PHC PRIMARY CARE PROVIDERS
MARIN COUNTY DIRECTORY**

Lee, John Sungchull, MD 🌐

◆ Pediatrics
NPI: 1790764108
License: A72201
Gender: Male
Hospital Privileges: Marin General Hospital

Maisel, Jan Ellen, MD 🌐

◆ Pediatrics
NPI: 1720067226
License: G47504
Gender: Female
Hospital Privileges: Marin General Hospital

Santucci, Stephen Albert, MD 🌐

◆ Pediatrics
NPI: 1306801287
License: A63180
Gender: Male
Spanish
Hospital Privileges: Marin General Hospital

White, Jeanette Rene, MD 🌐

◆ Pediatrics
NPI: 1508878935
License: C54743
Gender: Female
Hospital Privileges: Marin General Hospital

Hanlan, Margo Elizabeth, NP 🌐

NPI: 1891034328
License: 95002831
Gender: Female

Koenig, Sara Saunders, NP 🌐

NPI: 1144475112
License: 18577
Gender: Female

Special Accommodations: Adj. Exam
Tables, Scales that weigh up to
450lbs

Mill Valley**Prima Medical Group****PCP PHC#: 23822-0006**

NPI: 1366606766
Pediatrics
Accepting Existing Patients
0-21 Years
CHDP Provider
Assigned Hospital: Marin General Hospital

655 Redwood Hwy Frontage Rd Ste
216

Mill Valley, CA 94941

P,IB,R,E

Level of Access: Limited
Primary Phone: (415) 383-3500
Primary Fax: (415) 383-3554
Mon - Fri 9:00 AM - 5:00 PM

Pediatrics**Chopra, Sareena Jaspal, MD**

◆ Pediatrics
NPI: 1487670832
License: A74003
Gender: Female
Hindi, Punjabi, Spanish
Hospital Privileges: Marin General Hospital

Christie, Suzanne Cobb, MD

◆ Pediatrics
NPI: 1629002985
License: G80284
Gender: Female
Hospital Privileges: Marin General Hospital

Kerl, Uta Barbara, MD

◆ Pediatrics
NPI: 1558494328
License: G80294
Gender: Female
German
Hospital Privileges: Marin General Hospital

Sanda, Anika Lal, MD

◆ Pediatrics
NPI: 1457364234
License: A70742
Gender: Female
Hospital Privileges: Marin General Hospital

Spera, Marcella, MD

◆ Pediatrics
NPI: 1811079593
License: A91412
Gender: Female
Italian, Spanish
Hospital Privileges: Marin General Hospital

Special Accommodations: Hearing
Impaired Accommodations, Scales
that weigh up to 350lbs

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency. See Page 16 for a description of codes: 🌐 **P E B I B R E T**

Revised Date: November 9, 2018

Page 24 of 89

**PHC PRIMARY CARE PROVIDERS
MARIN COUNTY DIRECTORY**

Novato

Kaiser Permanente

PCP PHC#: 8998-0004

NPI: 1336222397

Family Medicine, Internal Medicine,
Pediatrics

Accepting Existing Patients

No Age Limitations

CHDP Provider

Assigned Hospital: Kaiser

Permanente Medical Center

97 San Marin Dr

Novato, CA 94945



Primary Phone: (415) 899-7412

www.kp.org

Mon - Fri 8:30 AM - 5:00 PM

Special Accommodations: Adj. Exam
Tables, Hoyer Lift, Special Scales For
Wheelchairs, Scales that weigh up to
500lbs

To locate a Kaiser doctor, contact
Kaiser Member Services at
800-464-4000 or browse Kaiser's
Online Provider Directory:
[healthy.kaiserpermanente.org/
northern-california/doctors-locations#/sea](http://healthy.kaiserpermanente.org/northern-california/doctors-locations#/sea)

**Marin Community Clinics -
Novato Clinic**

PCP PHC#: 18385-0004

NPI: 1003900101

FQHC

Family Medicine, Internal Medicine,
Pediatrics

Accepting New Patients

No Age Limitations

CHDP Provider

6100 Redwood Blvd

Novato, CA 94945



Primary Phone: (415) 448-1500

Primary Fax: (415) 798-3198

Mon - Thu 8:00 AM - 7:00 PM

Fri 8:00 AM - 5:00 PM

Family Medicine

Gonzalez, Carina Fabiana, MD

◆ Family Medicine

NPI: 1568480556

License: A102039

Gender: Female

Spanish

Pujals, Elisa Victoria, MD

◆ Family Medicine

NPI: 1891058038

License: A135512

Gender: Female

Spanish

Shaw, Elizabeth Anne, MD

◆ Family Medicine

NPI: 1740443555

License: A107652

Gender: Female

Spanish

Internal Medicine

Krolikowski, Jeanette, DO

◆ Internal Medicine

NPI: 1962471920

License: 20A9312

Gender: Female

Spanish

Schten, Erik Paul, MD

◆ Geriatric Medicine - Internal
Medicine

◆ Internal Medicine

NPI: 1558461103

License: G78089

Gender: Male

Spanish

Hospital Privileges: Novato

Community Hospital

Pediatrics

Hessel, Tracey Michelle, MD

◆ Pediatrics

NPI: 1780776039

License: A78717

Gender: Female

Spanish

Albujar, Rosemary J, PA-C

NPI: 1659563849

License: 19241

Gender: Female

Spanish

Ramirez-McLaughlin, Michalle

Gonzalez, FNP

NPI: 1003195603

License: 21040

Gender: Female

Spanish

Riedy, Emily Terese, NP

NPI: 1124390224

License: 21566

Gender: Female

Spanish

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified = Trained in Cultural Competency. See Page 16 for a description of codes: **P E B I B R E T**

PHC PRIMARY CARE PROVIDERS
MARIN COUNTY DIRECTORY

Thompson, F Patrick, NP

NPI: 1558474023

License: 8927

Gender: Male

Special Accommodations: Adj. Exam
Tables, Scales that weigh up to
440lbs

**Marin Community Clinics-South
Novato Clinic**

PCP PHC#: 38385-0001

NPI: 1912091018

FQHC

Family Medicine, Pediatrics

Accepting New Patients

No Age Limitations

6090 Redwood Blvd

Novato, CA 94945



Primary Phone: (415) 448-1500

Primary Fax: (415) 798-3198

Mon - Fri 8:00 AM - 5:00 PM

Family Medicine**Athale, Ninad Ravindra, MD**

◆ Family Medicine

NPI: 1619124864

License: A108914

Gender: Male

Spanish

Hospital Privileges: Queen of the
Valley Medical Center**Pujals, Elisa Victoria, MD**

◆ Family Medicine

NPI: 1891058038

License: A135512

Gender: Female

Spanish

Shaw, Elizabeth Anne, MD

◆ Family Medicine

NPI: 1740443555

License: A107652

Gender: Female

Spanish

Pediatrics**Oo, Heyman, MD**

NPI: 1285052514

License: A139832

Gender: Female

**Traverso, Mercedes Del Carmen,
DO**

◆ Pediatrics

NPI: 1063711307

License: 20A11491

Gender: Female

Hospital Privileges: Marin General
Hospital**Walters, Helene, MD**

◆ Pediatrics

NPI: 1548515877

License: A122115

Gender: Female

French, Spanish

Hospital Privileges: Marin General
Hospital**Cohen, Michelle Elizabeth, FNP**

NPI: 1124578901

License: 95005121

Gender: Female

Mark, Cherilyn Rebecca, FNP

NPI: 1508280710

License: 95006134

Gender: Female

Ramirez-McLaughlin, Michalle**Gonzalez, FNP**

NPI: 1003195603

License: 21040

Gender: Female

Spanish

Special Accommodations: Adj. Exam
Tables, Scales that weigh up to
750lbs

Marin Headlands Medical Group

Sutter Pacific Medical Foundation

PCP PHC#: 22872-0016

NPI: 1003267196

Internal Medicine

Accepting Existing Patients

19 Years and Older

101 Rowland Way Ste 220

Novato, CA 94945

☎, **P,EB,IB,R,E,T**

Level of Access: Basic

Primary Phone: (415) 878-7200

Primary Fax: (415) 878-7201

Mon - Fri 8:00 AM - 5:00 PM

Internal Medicine**Tang, Teresa, MD**

◆ Internal Medicine

NPI: 1306994256

License: A66494

Gender: Female

Cantonese, Chinese

Hospital Privileges: Novato

Community Hospital

Special Accommodations: Adj. Exam
Tables, Hearing Impaired
Accommodations, Gurney
Accommodations, Hoyer Lift, Medical
Equipment Access, Scales that weigh
up to 400lbs

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ **P E B I B R E T**

Revised Date: November 9, 2018

Page 26 of 89

PHC PRIMARY CARE PROVIDERS
MARIN COUNTY DIRECTORY

Marin Healthcare District**PCP PHC#: 26355-0001**

NPI: 1659609964

Internal Medicine

Accepting Existing Patients

19 Years and Older

75 Rowland Way Ste 200

Novato, CA 94945

☎, P,EB,IB,E

Level of Access: Limited

Primary Phone: (415) 897-3174

Primary Fax: (415) 892-9589

www.marinhealthcare.org

Mon - Fri 8:30 AM - 5:00 PM

Internal Medicine**Edwards, Christina Saunders, DO**

◆ Internal Medicine

NPI: 1326334335

License: 20A13281

Gender: Female

Hospital Privileges: Novato

Community Hospital

Li, Na, MD

◆ Internal Medicine

NPI: 1780918615

License: A106349

Gender: Female

Chinese, Mandarin

Hospital Privileges: Novato

Community Hospital

Sockell, Mark Elliot, MD

◆ Geriatric Medicine - Internal Medicine

◆ Internal Medicine

NPI: 1194810952

License: G53283

Gender: Male

German, Spanish

Hospital Privileges: Novato

Community Hospital

Teper, Irene, MD

◆ Internal Medicine

NPI: 1073584520

License: A84912

Gender: Female

Russian, Spanish

Hospital Privileges: Novato

Community Hospital

Welter, Stephen Edward, MD

◆ Internal Medicine

NPI: 1801906136

License: G37927

Gender: Male

Hospital Privileges: Novato

Community Hospital

Special Accommodations: Adj. Exam

Tables

Prima Medical Group**PCP PHC#: 23681-0002**

NPI: 1285898601

Family Medicine

Accepting New Patients

19 Years and Older

75 Rowland Way Ste 100

Novato, CA 94945

☎, P,EB,IB,R,E

Level of Access: Basic

Primary Phone: (415) 897-9664

Primary Fax: (415) 897-2446

Mon - Fri 8:30 AM - 5:00 PM

Family Medicine**Etemad, Elizabeth Landsiedel, DO**

◆ Family Medicine

NPI: 1881682458

License: 20A6888

Gender: Female

Spanish

Hospital Privileges: Marin General

Hospital

Kubrican, Tomas, MD

◆ Family Medicine

NPI: 1770751174

License: C129895

Gender: Male

Czech

Hospital Privileges: Marin General

Hospital

Lowenthal, Sarah Stark, MD

◆ Family Medicine

NPI: 1790813046

License: A80735

Gender: Female

Hospital Privileges: Zuckerberg San

Francisco General Hospital

Skidmore, Loree Ann, FNP

NPI: 1346453297

License: 5074

Gender: Female

Prima Medical Group**PCP PHC#: 23680-0001**

NPI: 1639450299

Internal Medicine

Accepting Existing Patients

19 Years and Older

75 Rowland Way Ste 100

Novato, CA 94945

☎, P,EB,IB,R,E

Level of Access: Basic

Primary Phone: (415) 897-9664

Primary Fax: (415) 897-2446

Mon - Fri 8:30 AM - 5:00 PM

Internal Medicine**Finzen, Barbara Deeken, MD**

◆ Internal Medicine

NPI: 1134225352

License: G44949

Gender: Female

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ P EB IB R E T

Revised Date: November 9, 2018

Page 27 of 89

PHC PRIMARY CARE PROVIDERS
MARIN COUNTY DIRECTORY

Kaur, Shaninder, MD

◆ Hematology
◆ Internal Medicine
NPI: 1558467845
License: A41188
Gender: Female
Hindi

Tamalpais Pediatrics**PCP PHC#: 22868-0001**

NPI: 1073580320

Pediatrics

Accepting Existing Patients

0-18 Years

CHDP Provider

400 Professional Center Dr Ste 423
Novato, CA 94947

♿, **P,EB,R,E**

Level of Access: Limited
Skilled Medical Interpreter Service
Primary Phone: (415) 892-0965
Primary Fax: (415) 461-3792
Mon - Thu 9:00 AM - 5:00 PM
Fri 9:30 AM - 5:00 PM

Pediatrics

Bokser, Julie Mara, MD 🌐

◆ Pediatrics
NPI: 1780758250
License: A82447
Gender: Female
Spanish
Hospital Privileges: Marin General Hospital

Branco, Nelson, MD 🌐

◆ Pediatrics
NPI: 1841270451
License: A60826
Gender: Male
Portuguese, Spanish
Hospital Privileges: Marin General Hospital

Heath, Erin Noel, MD 🌐

◆ Pediatrics
NPI: 1881673283
License: G65494
Gender: Female
Spanish
Hospital Privileges: Marin General Hospital

Lee, John Sungchull, MD 🌐

◆ Pediatrics
NPI: 1790764108
License: A72201
Gender: Male
Hospital Privileges: Marin General Hospital

Maisel, Jan Ellen, MD 🌐

◆ Pediatrics
NPI: 1720067226
License: G47504
Gender: Female
Hospital Privileges: Marin General Hospital

Santucci, Stephen Albert, MD 🌐

◆ Pediatrics
NPI: 1306801287
License: A63180
Gender: Male
Spanish
Hospital Privileges: Marin General Hospital

White, Jeanette Rene, MD 🌐

◆ Pediatrics
NPI: 1508878935
License: C54743
Gender: Female
Hospital Privileges: Marin General Hospital

Hanlan, Margo Elizabeth, NP 🌐

NPI: 1891034328
License: 95002831
Gender: Female

Koenig, Sara Saunders, NP 🌐

NPI: 1144475112
License: 18577
Gender: Female

Special Accommodations: Adj. Exam Tables, Scales that weigh up to 450lbs

Point Reyes**Point Reyes Community Health Center**

Coastal Health Alliance
PCP PHC#: 22855-0006

NPI: 1053420844
FQHC
Family Medicine
Accepting New Patients
No Age Limitations
CHDP Provider
Assigned Hospital: Marin General Hospital

3 Sixth St
Point Reyes, CA 94956
♿
Skilled Medical Interpreter Service
Primary Phone: (415) 663-8666
Primary Fax: (415) 663-9532
Mon - Sat 9:00 AM - 5:00 PM

Family Medicine

Klapman, Gabriel H. E., MD 🌐

◆ Family Medicine
NPI: 1316280985
License: A133164
Gender: Male

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency. See Page 16 for a description of codes: ♿ **P E B I B R E T**

Revised Date: November 9, 2018

Page 28 of 89

PHC PRIMARY CARE PROVIDERS
MARIN COUNTY DIRECTORY

Munich, Edwin S, MD 🌐

◆ Family Medicine

NPI: 1770556805

License: A65696

Gender: Male

O'Malley, Anna Kristina, MD 🌐

◆ Family Medicine

NPI: 1447459185

License: A100464

Gender: Female

Spanish

Chase, Carolyn Ruth, FNP 🌐

NPI: 1811024599

License: 9465

Gender: Female

Spanish

Holzer, Diane Rene, PA-C 🌐

NPI: 1023168879

License: 13354

Gender: Female

Spanish

Manulkin, Stephanie Elizabeth, FNP 🌐

NPI: 1508280595

License: 95000298

Gender: Female

Spanish

Mendenhall, Ann Marie, PA-C 🌐

NPI: 1316320682

License: 52613

Gender: Female

Special Accommodations: Adj. Exam
Tables, Hearing Impaired
Accommodations, Gurney
Accommodations, Scales that weigh
up to 400lbs

Pt Reyes Station

West Marin Medical Center

PCP PHC#: 44293-0004

NPI: 1649664087

Family Medicine, Internal Medicine

Accepting New Patients

19 Years and Older

Assigned Hospital: Marin General
Hospital

11150 State Route One Box 240

Pt Reyes Station, CA 94956

🚗

Primary Phone: (415) 663-1082

Primary Fax: (415) 663-9474

Mon - Fri 9:00 AM - 5:00 PM

Family Medicine

Schindler, Lydia Godoy, MD

◆ Family Medicine

NPI: 1396829388

License: G37576

Gender: Female

Spanish

Internal Medicine

Hamblin, Basil Colin, MD 🌐

◆ Family Medicine

◆ Geriatric Medicine - Internal
Medicine

◆ Hospice & Palliative Medicine -
Internal Medicine

NPI: 1114095106

License: A76893

Gender: Male

Hospital Privileges: Petaluma Valley
Hospital

Special Accommodations: Adj. Exam
Tables, Scales that weigh up to
800lbs

San Rafael

Kaiser Permanente

PCP PHC#: 22877-0001

NPI: 1336222397

Family Medicine, Internal Medicine,
Pediatrics

Accepting Existing Patients

No Age Limitations

Assigned Hospital: Kaiser
Permanente Medical Center

1033 Third St

San Rafael, CA 94901

🚗

Primary Phone: (415) 444-2940

www.kp.org

Mon - Fri 8:30 AM - 5:00 PM

Special Accommodations: Adj. Exam
Tables, Hoyer Lift, Special Scales For
Wheelchairs, Scales that weigh up to
500lbs

To locate a Kaiser doctor, contact
Kaiser Member Services at
800-464-4000 or browse Kaiser's
Online Provider Directory:
[healthy.kaiserpermanente.org/
northern-california/doctors-locations#/sea](http://healthy.kaiserpermanente.org/northern-california/doctors-locations#/sea)

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency. See Page 16 for a description of codes: 🚗 **P E B I B R E T**

Revised Date: November 9, 2018

Page 29 of 89

PHC PRIMARY CARE PROVIDERS
MARIN COUNTY DIRECTORY

Kaiser Permanente

PCP PHC#: 22875-0001

NPI: 1336222397

Family Medicine, Internal Medicine,
Pediatrics

Accepting Existing Patients

No Age Limitations

CHDP Provider

Assigned Hospital: Kaiser

Permanente Medical Center

99 Montecillo Rd
San Rafael, CA 94903



Primary Phone: (415) 444-2940

www.kp.org

Mon - Fri 8:30 AM - 5:00 PM

Special Accommodations: Adj. Exam
Tables, Special Scales For
Wheelchairs, Scales that weigh up to
500lbs

To locate a Kaiser doctor, contact
Kaiser Member Services at
800-464-4000 or browse Kaiser's
Online Provider Directory:
[healthy.kaiserpermanente.org/
northern-california/doctors-locations#/sea](http://healthy.kaiserpermanente.org/northern-california/doctors-locations#/sea)

**Marin City Health and Wellness
Center**

PCP PHC#: 48749-0001

NPI: 1285804948

FQHC

Family Medicine

Accepting New Patients

19 Years and Older

1601 2nd St Ste 108
San Rafael, CA 94901



EB,IB,E

Level of Access: Limited

Primary Phone: (415) 339-8813

Primary Fax: (415) 339-8814

Mon, Wed 9:00 AM - 5:00 PM

Fri 9:00 AM - 12:30 PM

Spake, Colin Marin, NP

NPI: 1730522475

License: 22806

Gender: Male

Special Accommodations: Adj. Exam
Tables, Scales that weigh up to
300lbs

**Marin Community
Clinics-Campus Clinic**

PCP PHC#: 26754-0003

NPI: 1922303437

FQHC

Family Medicine, Internal Medicine

Accepting New Patients

No Age Limitations

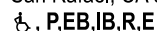
CHDP Provider

Assigned Hospital: Marin General

Hospital

3260 Kerner Blvd Ste A

San Rafael, CA 94901



P,EB,IB,R,E

Level of Access: Basic

Primary Phone: (415) 448-1500

Primary Fax: (415) 755-2550

Mon - Fri 8:00 AM - 5:00 PM

Family Medicine

Popat, Mitesh G, MD

◆ Family Medicine

NPI: 1104057397

License: A107005

Gender: Male

Internal Medicine

Rosenthal, Ellen Gloria, MD

◆ Internal Medicine

NPI: 1609948231

License: G82191

Gender: Female

Carroll, Phyllis Crisostomo, FNP

NPI: 1417456351

License: 95008368

Gender: Female

Combs, Audrey Maureen, FNP

NPI: 1952844946

License: 95005208

Gender: Female

Spanish

Special Accommodations: Adj. Exam
Tables, Hearing Impaired
Accommodations, Scales that weigh
up to 440lbs

**Marin Community Clinics-San
Rafael Clinic**

PCP PHC#: 22856-0008

NPI: 1154503399

FQHC

Family Medicine, Internal Medicine,
Pediatrics

Accepting New Patients

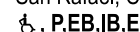
No Age Limitations

CHDP Provider

Assigned Hospital: Marin General

Hospital

3110 Kerner Blvd
San Rafael, CA 94901



P,EB,IB,E

Level of Access: Limited

Primary Phone: (415) 448-1500

Primary Fax: (415) 526-8553

Mon - Fri 8:00 AM - 7:00 PM

Sat 8:00 AM - 4:00 PM

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified = Trained in Cultural Competency. See Page 16 for a description of codes: **P EB IB R E T**

Revised Date: November 9, 2018

Page 30 of 89

PHC PRIMARY CARE PROVIDERS
MARIN COUNTY DIRECTORY

Family Medicine
Ettekal, Babak, MD

◆ Family Medicine
NPI: 1548474778
License: A91050
Gender: Male
Spanish

Southard, Melanie Rose, DO

◆ Family Medicine
NPI: 1104188390
License: 20A13078
Gender: Female

Internal Medicine

Hammerman, Marc Randall, MD

◆ Endocrinology, Diabetes & Metabolism

◆ Internal Medicine
NPI: 1982622676
License: G132610
Gender: Male

Magliocco, Mai Sorrel, MD

◆ Internal Medicine
NPI: 1205102662
License: A130835
Gender: Female
Portuguese, Spanish
Hospital Privileges: California Pacific Medical Center-California Campu

Pediatrics

Hollman, Jessica Catherine, MD

◆ Pediatrics
NPI: 1881787786
License: A85256
Gender: Female
Spanish
Hospital Privileges: Marin General Hospital

Kamras, Samantha A. Goldstein, MD

◆ Pediatrics
NPI: 1982861746
License: A101610
Gender: Female
Spanish
Hospital Privileges: Marin General Hospital

Leavitt, Lisa Anne, MD

◆ Pediatrics
NPI: 1689774234
License: G80605
Gender: Female
Spanish
Hospital Privileges: Marin General Hospital

Lee, Janie Lynn, MD

NPI: 1992867584
License: G56549
Gender: Female
Spanish

Meisel, Lauren Wadland, MD

◆ Pediatrics
NPI: 1922201433
License: A116341
Gender: Female

Simon, Peter John, MD

◆ Pediatrics
NPI: 1114244175
License: A120382
Gender: Male
Spanish

Combs, Audrey Maureen, FNP

NPI: 1952844946
License: 95005208
Gender: Female
Spanish

Doerr-Kashani, Pamela, NP

NPI: 1801270863
License: 95002634
Gender: Female
Spanish

Guterman, Cara, FNP

NPI: 1982853487
License: 18323
Gender: Female

Nunnally, Janet A, NP

NPI: 1619067469
License: 14229
Gender: Female

Special Accommodations: Adj. Exam Tables, Scales that weigh up to 440lbs

Marin Headlands Medical Group

Sutter Pacific Medical Foundation

PCP PHC#: 21757-0010

NPI: 1003267196
Pediatrics

Accepting Existing Patients

0-18 Years

CHDP Provider

Assigned Hospital: Marin General Hospital

4000 Civic Center Dr Ste 205
San Rafael, CA 94903

☎, P,EB,IB,R,E,T

Level of Access: Basic

Primary Phone: (415) 479-7244

Primary Fax: (415) 369-1274

Mon - Fri 9:00 AM - 5:00 PM

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ P EB IB R E T

Revised Date: November 9, 2018

Page 31 of 89

PHC PRIMARY CARE PROVIDERS
MARIN COUNTY DIRECTORY

Pediatrics

Bein, Shelli Yael, MD 🌐

◆ Pediatrics

NPI: 1982836078

License: A108078

Gender: Female

French, Hebrew, Portuguese,
Spanish, Swahili

Hospital Privileges:

California Pacific Medical

Center-California Campu

California Pacific Medical

Center-Davies Campus

California Pacific Medical

Center-Mission Bernal C

California Pacific Medical

Center-Pacific Campus

Greenberg, Cindy J, MD 🌐

◆ Pediatrics

NPI: 1952317042

License: G80877

Gender: Female

Spanish

Hospital Privileges: Novato

Community Hospital

Reeves, Megan Darah, MD

◆ Pediatrics

NPI: 1265877336

License: A135475

Gender: Female

Hospital Privileges: Marin General
Hospital

Sawyer, Sydney Kathryn, MD 🌐

NPI: 1770730079

License: A103811

Gender: Female

Hospital Privileges:

California Pacific Medical

Center-California Campu

California Pacific Medical

Center-Davies Campus

California Pacific Medical

Center-Mission Bernal C

California Pacific Medical

Center-Pacific Campus

Sutter Santa Rosa Regional Hospital

Special Accommodations: Adj. Exam
Tables, Medical Equipment Access,
Scales that weigh up to 400lbs

Prima Medical Group

PCP PHC#: 23682-0003

NPI: 1730463258

Family Medicine, Internal Medicine

Accepting New Patients

19 Years and Older

Assigned Hospital: Marin General
Hospital

4000 Civic Center Dr Ste 200B
San Rafael, CA 94903

🏥, P,EB,IB,R,E

Level of Access: Basic

Primary Phone: (415) 492-3333

Primary Fax: (415) 492-3425

Mon - Thu 9:00 AM - 5:00 PM

Fri 9:00 AM - 4:00 PM

Family Medicine

Lohtia, Meenal Sunit, MD

◆ Family Medicine

NPI: 1205883121

License: A93125

Gender: Female

Hindi

Internal Medicine

Habis, Joseph Antoine, MD

◆ Internal Medicine

NPI: 1760439681

License: G73451

Gender: Male

Spanish

Singh, Rajdeep, FNP

NPI: 1104368778

License: 95005264

Gender: Male

Punjabi

Ritter Health Center

PCP PHC#: 17353-0007

NPI: 1417370032

FQHC

Family Medicine

Accepting New Patients

19 Years and Older

Assigned Hospital: Marin General
Hospital

16 Ritter St
San Rafael, CA 94901

🏥, P,IB,R,E

Level of Access: Limited

Primary Phone: (415) 457-8182

Primary Fax: (415) 457-3490

Mon, Wed - Fri 8:00 AM - 4:30 PM

Tue 8:00 AM - 1:30 PM

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency. See Page 16 for a description of codes: 🏥 P EB IB R E T

Revised Date: November 9, 2018

Page 32 of 89

PHC PRIMARY CARE PROVIDERS
MARIN COUNTY DIRECTORY

Family Medicine
Perez, Francis X, MD

◆ Family Medicine
NPI: 1295812204
License: A82813
Gender: Male

Sausalito

Marin City Health and Wellness Center

PCP PHC#: 23087-0004

NPI: 1285804948
FQHC
Family Medicine
Accepting New Patients
No Age Limitations
CHDP Provider
Assigned Hospital: Marin General Hospital

630 Drake Ave
Sausalito, CA 94965
☎
Skilled Medical Interpreter Service
Primary Phone: (415) 339-8813
Primary Fax: (415) 339-8814
Mon - Fri 9:00 AM - 5:00 PM

Family Medicine
Blomquist, Carianne, DO 🌐

◆ Family Medicine
NPI: 1255528972
License: 20A12300
Gender: Female
Spanish

Clifford, Namuun Enkhbat, FNP

NPI: 1639439193
License: 95007572
Gender: Female

Jackson, Danielle Leenora, PA

NPI: 1770711459
License: 21525
Gender: Female
Muhammad, Jayvon Dupree, LM
NPI: 1245426063
License: LM197
Gender: Female
Pirie, Alaina Elizabeth, NP
NPI: 1275058158
License: 95006868
Gender: Female
Spake, Colin Marin, NP 🌐
NPI: 1730522475
License: 22806
Gender: Male

Special Accommodations: Adj. Exam
Tables, Scales that weigh up to
450lbs

Prima Medical Group

PCP PHC#: 23768-0006

NPI: 1740444157
Family Medicine, Internal Medicine
Accepting Existing Patients
19 Years and Older
Assigned Hospital: Marin General Hospital

3 Harbor Dr Ste 111
Sausalito, CA 94965
☎, **P,EB,IB,R,E**
Level of Access: Basic
Primary Phone: (415) 683-2988
Primary Fax: (415) 683-2980
Mon - Fri 9:00 AM - 5:00 PM

Family Medicine
Forrester, Cheri Joy, MD

◆ Family Medicine
NPI: 1841237153
License: G47860
Gender: Female
Spanish
Ireland, Julia Hamlin, DO
◆ Family Medicine
NPI: 1396824199
License: 20A7644
Gender: Female

Internal Medicine
Posner, Lawrence, MD

◆ Internal Medicine
NPI: 1952390098
License: A20698
Gender: Male
French

Kelly, Amanda Michele, PA-C

NPI: 1326213554
License: 14985
Gender: Female

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ **P E B I B R E T**

Revised Date: November 9, 2018

Page 33 of 89

PHC FACILITIES, PHARMACY, URGENT CARE & VSP LIST
MARIN COUNTY DIRECTORY

Hospitals Primary	Hospitals Referral	CPMC-Pacific Campus
Kaiser Permanente Medical Center PHC#: 16147 NPI: 1194895227 License: 110000357 99 Montecillo Rd San Rafael, CA 94903 ☎ Primary Phone: (415) 444-2000 www.kp.org 24 Hours 7 Days a Week	CPMC-California Campus PHC#: 1646 NPI: 1740348929 License: 220000197 3700 California St San Francisco, CA 94118 ☎ Skilled Medical Interpreter Service Primary Phone: (415) 600-6000 Primary Fax: (415) 369-1311 24 Hours 7 Days a Week	PHC#: 1646 NPI: 1740348929 License: 220000197 2333 Buchanan St San Francisco, CA 94115 ☎ Skilled Medical Interpreter Service Primary Phone: (415) 600-6000 Primary Fax: (714) 783-2548 24 Hours 7 Days a Week
Marin General Hospital PHC#: 2513 NPI: 1396725677 License: 110000361 250 Bon Air Rd Greenbrae, CA 94904 ☎ Skilled Medical Interpreter Service Primary Phone: (415) 925-7000 www.maringeneral.org 24 Hours 7 Days a Week	CPMC-Davies Campus PHC#: 3969 NPI: 1265590442 License: 220000197 601 Duboce Ave Castro St & Duboce Ave San Francisco, CA 94117 ☎ Skilled Medical Interpreter Service Primary Phone: (415) 600-6000 Primary Fax: (714) 783-2548 24 Hours 7 Days a Week	Children's Hospital Oakland PHC#: 1560 NPI: 1003961251 License: 140000015 747 52nd St Oakland, CA 94609 ☎ Skilled Medical Interpreter Service Primary Phone: (510) 428-3000 www.childrenshospitaloakland.org 24 Hours 7 Days a Week
Novato Community Hospital PHC#: 1990 NPI: 1104059153 License: 110000375 180 Rowland Way Novato, CA 94945 ☎ Skilled Medical Interpreter Service Primary Phone: (415) 209-1300 Primary Fax: (415) 209-1321 24 Hours 7 Days a Week	CPMC-Mission Bernal Campus PHC#: 1872 NPI: 1881712933 License: 220000070 3555 Cesar Chavez San Francisco, CA 94110 ☎ Primary Phone: (415) 600-6000 Primary Fax: (714) 783-2548 24 Hours 7 Days a Week	Feather River Hospital PHC#: 2446 NPI: 1518940667 License: 230000017 5974 Pentz Rd Paradise, CA 95969 ☎ Skilled Medical Interpreter Service Primary Phone: (530) 877-9361 www.adventisthealth.org/ feather-river 24 Hours 7 Days a Week

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ **P E B I B R E T**

PHC FACILITIES, PHARMACY, URGENT CARE & VSP LIST
MARIN COUNTY DIRECTORY

**John Muir Medical
Center-Concord Campus**

PHC#: 1559

NPI: 1801821376
License: 140000128
2540 East St
Concord, CA 94520
☎
Skilled Medical Interpreter Service
Primary Phone: (925) 682-8200
www.johnmuirhealth.com
24 Hours 7 Days a Week

Lodi Memorial Hospital

PHC#: 1379

NPI: 1316938301
License: 030000056
975 South Fairmont Ave
Lodi, CA 95240
☎
Skilled Medical Interpreter Service
Primary Phone: (209) 334-3411
Primary Fax: (209) 333-3160
www.adventisthealth.org/
lodimemorial
24 Hours 7 Days a Week

Mercy General Hospital

PHC#: 2027

NPI: 1487694857
License: 030000062
4001 J St
Sacramento, CA 95819
☎
Skilled Medical Interpreter Service
Primary Phone: (916) 453-4545
www.dignityhealth.org
24 Hours 7 Days a Week

Mercy Hospital of Folsom

PHC#: 1733

NPI: 1356389878
License: 030000372
1650 Creekside Dr
Folsom, CA 95630
☎
Skilled Medical Interpreter Service
Primary Phone: (916) 983-7400
Primary Fax: (916) 983-7406
www.dignityhealth.org
24 Hours 7 Days a Week

Mercy San Juan Hospital

PHC#: 2026

NPI: 1972541498
License: 030000063
6501 Coyle Ave
Carmichael, CA 95608
☎
Skilled Medical Interpreter Service
Primary Phone: (916) 537-5000
www.dignityhealth.org
24 Hours 7 Days a Week

Methodist Hospital of Sacramento

PHC#: 2029

NPI: 1467560599
License: 030000064
7500 Hospital Dr
Sacramento, CA 95823
☎
Skilled Medical Interpreter Service
Primary Phone: (916) 423-3000
www.dignityhealth.org
24 Hours 7 Days a Week

Shriners Hospitals for Children

PHC#: 24564

NPI: 1962530451
License: 030000620
2425 Stockton Blvd
Sacramento, CA 95817
☎
Skilled Medical Interpreter Service
Primary Phone: (916) 453-2000
Primary Fax: (916) 453-2388
www.shrinershospitalsforchildren.org
24 Hours 7 Days a Week

St Elizabeth Community Hospital

PHC#: 5072

NPI: 1083732853
License: 230000036
2550 Sister Mary Columba Dr
Red Bluff, CA 96080
☎
Skilled Medical Interpreter Service
Primary Phone: (530) 529-8000
Primary Fax: (530) 225-6335
www.dignityhealth.org
24 Hours 7 Days a Week

**Sutter Medical Center
Sacramento**

PHC#: 1933

NPI: 1811946734
License: 030000102
2825 Capitol Ave
Sacramento, CA 95816
☎
Skilled Medical Interpreter Service
Primary Phone: (916) 887-0000
Primary Fax: (916) 733-1058
24 Hours 7 Days a Week

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ **P E B I B R E T**

Revised Date: November 9, 2018

Page 35 of 89

PHC FACILITIES, PHARMACY, URGENT CARE & VSP LIST
MARIN COUNTY DIRECTORY

UC Davis Medical Center**PHC#: 2302**

NPI: 1710918545
License: 030000086
2315 Stockton Blvd
Sacramento, CA 95817
☎
Skilled Medical Interpreter Service
Primary Phone: (916) 734-2011
Patient Referral Phone:
800-482-3284
www.ucdmc.ucdavis.edu/
medicalcenter
24 Hours 7 Days a Week

UCSF Medical Center**PHC#: 1555**

NPI: 1083713788
License: 220000091
505 Parnassus Ave
San Francisco, CA 94143
☎
Skilled Medical Interpreter Service
Primary Phone: (415) 476-1000
Patient Referral Phone:
800-444-2559
Primary Fax: (415) 353-1818
www.ucsfhealth.org
24 Hours 7 Days a Week

Vibra Hospital of Sacramento**PHC#: 29489**

NPI: 1134564693
License: 030000377
330 Montrose Dr
Folsom, CA 95630
☎
Skilled Medical Interpreter Service
Primary Phone: (916) 351-9151
Primary Fax: (916) 351-8760
www.vhsacramento.com
24 Hours 7 Days a Week

Zuckerberg San Francisco General Hospital**PHC#: 1558**

NPI: 1164609962
License: 220000063
1001 Potrero Ave
San Francisco, CA 94110
☎
Skilled Medical Interpreter Service
Primary Phone: (415) 206-8000
www.zsficare.org
24 Hours 7 Days a Week

**Mental Health Services -
Outpatient**

Beacon Health Strategies

Call Beacon Health Strategies to request information on available mental health providers, or for general questions about mental health services. You can also visit Beacon's website and type the word partnership on the member login page.
Primary Phone: (855) 765-9703
www.beaconhealthstrategies.com/
member_login.aspx

You may email Beacon Member Services at:
Member.Service@beaconhs.com

Pharmacy Network List

COSTCO PHARMACY

NPI: 1770693376
300 VINTAGE WAY
NOVATO, CA 94945
☎

Primary Phone: (415) 899-1337
Primary Fax: (415) 899-8544
Mon - Fri 10:00 AM - 7:00 PM
Sat 10:00 AM - 6:00 PM

CVS PHARMACY

NPI: 1821031170
759 E BLITHEDALE AVE
MILL VALLEY, CA 94941
☎
Primary Phone: (415) 389-8891
Primary Fax: (415) 389-9082
Mon - Fri 9:00 AM - 8:00 PM
Sat, Sun 10:00 AM - 6:00 PM

CVS PHARMACY

NPI: 1427090240
1707 GRANT AVE
NOVATO, CA 94945
☎
Primary Phone: (415) 897-4171
Primary Fax: (415) 897-3077
Mon - Fri 8:00 AM - 9:00 PM
Sat, Sun 10:00 AM - 6:00 PM

CVS PHARMACY

NPI: 1568404374
2035 NOVATO BLVD
NOVATO, CA 94947
☎
Primary Phone: (415) 897-9917
Primary Fax: (415) 898-4251
Mon - Fri 9:00 AM - 8:00 PM
Sat, Sun 10:00 AM - 6:00 PM

CVS PHARMACY

NPI: 1326081118
880 SIR FRANCIS DRAKE BLVD
SAN ANSELMO, CA 94960
☎

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ **P E B I B R E T**

Revised Date: November 9, 2018

Page 36 of 89

PHC FACILITIES, PHARMACY, URGENT CARE & VSP LIST
MARIN COUNTY DIRECTORY

Primary Phone: (415) 456-9900
Primary Fax: (415) 456-3953
Mon - Fri 8:00 AM - 9:00 PM
Sat, Sun 10:00 AM - 6:00 PM

CVS PHARMACY

NPI: 1326081688
442 LAS GALLINAS AVE
SAN RAFAEL, CA 94903
☎
Primary Phone: (415) 479-9171
Primary Fax: (415) 479-1315
Mon - Fri 8:00 AM - 9:00 PM
Sat, Sun 10:00 AM - 6:00 PM

CVS PHARMACY #

NPI: 1962424754
200 VINTAGE WAY
NOVATO, CA 94945
☎
Primary Phone: (415) 895-3103
Primary Fax: (415) 878-7340
Mon - Fri 9:00 AM - 7:00 PM
Sat 9:00 AM - 5:00 PM
Sun 11:00 AM - 5:00 PM

CVS PHARMACY #

NPI: 1639503584
125 SHORELINE PKWY
SAN RAFAEL, CA 94901
☎
Primary Phone: (415) 299-6113
Mon - Sat 10:00 AM - 7:00 PM

CVS PHARMACY #

NPI: 1487696290
150 DONAHUE ST
SAUSALITO, CA 94965
☎

Primary Phone: (415) 339-0169
Primary Fax: (415) 339-0174
Mon - Fri 9:00 AM - 8:00 PM
Sat, Sun 10:00 AM - 6:00 PM

CVS PHARMACY #01483

NPI: 1891065447
1599 TIBURON BLVD
TIBURON, CA 94920
☎
Primary Phone: (415) 435-3843
Mon - Fri 9:00 AM - 9:00 PM
Sat, Sun 10:00 AM - 6:00 PM

CVS PHARMACY #04952

NPI: 1881907939
909 GRAND AVE
SAN RAFAEL, CA 94901
☎
Primary Phone: (415) 258-1649
Mon - Fri 9:00 AM - 9:00 PM
Sat, Sun 10:00 AM - 6:00 PM

CVS PHARMACY #17694

NPI: 1548705734
180 DONAHUE ST
SAUSALITO, CA 94965
☎
Primary Phone: (415) 289-0534
Primary Fax: (401) 770-7108
Mon - Fri 8:00 AM - 8:00 PM
Sat, Sun 9:00 AM - 6:00 PM

GOLDEN GATE PHARMACY

NPI: 1477534378
1525 E FRANCISCO BLVD STE 2
SAN RAFAEL, CA 94901
☎
Primary Phone: (415) 455-9042
Primary Fax: (415) 455-9318
Mon - Fri 9:00 AM - 5:00 PM

JACKS DRUG STORE AND MEDICAL SUPPLIES

NPI: 1386673556
121 TUNSTEAD AVE
SAN ANSELMO, CA 94960
☎
Primary Phone: (415) 454-1451
Primary Fax: (415) 454-2865
Mon - Fri 9:00 AM - 6:00 PM
Sat 10:00 AM - 5:00 PM

KAISER HOSPITAL MAIN PHARMACY 391

NPI: 1932266293
99 MONTICELLO RD
SAN RAFAEL, CA 94903
☎
Primary Phone: (415) 444-2044
Primary Fax: (415) 444-2476
Mon - Fri 8:00 AM - 10:00 PM

KFHP DOWNTOWN SAN RAFAEL PHY #396

NPI: 1417004730
1033 THIRD STREET
SAN RAFAEL, CA 94901
☎
Primary Phone: (415) 482-6904
Primary Fax: (415) 482-6903
Mon - Fri 9:00 AM - 6:00 PM

LUCKY PHARMACY

NPI: 1184768251
570 MAGNOLIA AVENUE
LARKSPUR, CA 94939
☎
Primary Phone: (415) 924-6738
Primary Fax: (415) 924-6827
Mon - Fri 9:00 AM - 7:00 PM
Sat 9:00 AM - 5:00 PM

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ **P E B I B R E T**

Revised Date: November 9, 2018

Page 37 of 89

PHC FACILITIES, PHARMACY, URGENT CARE & VSP LIST
MARIN COUNTY DIRECTORY

MARIN MEDICAL PHARMACY

NPI: 1063575694
750 LAS GALLINAS AVE STE 104
SAN RAFAEL, CA 94903
☎
Primary Phone: (415) 479-1930
Primary Fax: (415) 479-0128
Mon - Fri 9:00 AM - 6:00 PM

MCC PHARMACY

NPI: 1861763013
3110 KERNER BLVD STE A
SAN RAFAEL, CA 94901
☎
Primary Phone: (415) 755-2514
Primary Fax: (415) 526-8566
Mon - Fri 9:00 AM - 6:00 PM
Sat 9:00 AM - 4:00 PM

MCC PHARMACY NOVATO

NPI: 1427445105
6100 REDWOOD BLVD STE A
NOVATO, CA 94945
☎
Primary Phone: (415) 755-2545
Primary Fax: (614) 652-4464
Mon - Fri 9:00 AM - 5:00 PM

PHARMACA INTEGRATIVE PHARMACY

NPI: 1497818785
230 E BLITHEDALE AVE
MILL VALLEY, CA 94941
☎
Primary Phone: (415) 388-6354
Primary Fax: (415) 388-0326
Mon, Tue, Thu, Fri 9:00 AM - 7:00 PM
Wed 8:00 AM - 7:00 PM
Sat 9:00 AM - 6:00 PM
Sun 10:00 AM - 6:00 PM

PHARMACA INTEGRATIVE PHARMACY

NPI: 1952413874
7514 REDWOOD BLVD STE 104
NOVATO, CA 94945
☎
Primary Phone: (415) 892-3700
Primary Fax: (415) 892-9060
Mon - Fri 9:00 AM - 7:00 PM
Sat 10:00 AM - 6:00 PM
Sun 12:00 PM - 6:00 PM

RITE AID PHARMACY 05957

NPI: 1295844710
471 3RD STREET
SAN RAFAEL, CA 94901
☎
Primary Phone: (415) 454-7744
Primary Fax: (415) 457-0908
Mon - Fri 9:00 AM - 9:00 PM
Sat 9:00 AM - 6:00 PM
Sun 10:00 AM - 6:00 PM

RITE AID PHARMACY 05958

NPI: 1962424077
1500 NORTHGATE MALL
SAN RAFAEL, CA 94903
☎
Primary Phone: (415) 492-0888
Primary Fax: (415) 492-0501
Mon - Fri 8:00 AM - 10:00 PM
Sat 9:00 AM - 6:00 PM
Sun 10:00 AM - 6:00 PM

RITE AID PHARMACY 05959

NPI: 1023030137
431 CORTE MADERA TOWN
CENTER
CORTE MADERA, CA 94925
☎

Primary Phone: (415) 924-4557
Primary Fax: (415) 924-8111
Mon - Fri 9:00 AM - 9:00 PM
Sat 9:00 AM - 6:00 PM
Sun 10:00 AM - 6:00 PM

RITE AID PHARMACY 05961

NPI: 1063521458
701 EAST BLITHEDALE AVE
MILL VALLEY, CA 94941
☎
Primary Phone: (415) 388-2546
Primary Fax: (415) 388-1326
Mon - Fri 9:00 AM - 9:00 PM
Sat 9:00 AM - 6:00 PM
Sun 10:00 AM - 6:00 PM

RITE AID PHARMACY 05963

NPI: 1750490173
910 DIABLO AVENUE
NOVATO, CA 94947
☎
Primary Phone: (415) 898-1905
Primary Fax: (415) 898-5121
Mon - Fri 9:00 AM - 9:00 PM
Sat 9:00 AM - 6:00 PM
Sun 10:00 AM - 6:00 PM

SAFEWAY PHARMACY #0788

NPI: 1467483271
1 CAMINO ALTO
MILL VALLEY, CA 94941
☎
Primary Phone: (415) 388-2701
Primary Fax: (415) 388-7142
Mon - Fri 9:00 AM - 8:00 PM
Sat, Sun 9:00 AM - 5:00 PM

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ **P E B I B R E T**

Revised Date: November 9, 2018

Page 38 of 89

PHC FACILITIES, PHARMACY, URGENT CARE & VSP LIST
MARIN COUNTY DIRECTORY

SAFEWAY PHARMACY #0932

NPI: 1164451183
950 LAS GALLINAS
SAN RAFAEL, CA 94903
♿
Primary Phone: (415) 472-8221
Primary Fax: (415) 472-8225
Mon - Fri 9:00 AM - 8:00 PM
Sat, Sun 9:00 AM - 5:00 PM

SAFEWAY PHARMACY #2718

NPI: 1790711570
110 STRAWBERRY VILLAGE BLVD
BLDG 100
MILL VALLEY, CA 94941
♿
Primary Phone: (415) 360-9020
Primary Fax: (415) 360-9021
Mon - Fri 9:00 AM - 8:00 PM
Sat, Sun 9:00 AM - 5:30 PM

SAFEWAY PHARMACY #2828

NPI: 1124064753
5720 NAVE DR
NOVATO, CA 94949
♿
Primary Phone: (415) 881-9260
Primary Fax: (415) 881-9261
Mon - Fri 9:00 AM - 8:00 PM
Sat, Sun 9:00 AM - 5:00 PM

WALGREENS

NPI: 1205841582
227 SHORELINE HWY
MILL VALLEY, CA 94941
♿
Primary Phone: (415) 380-8402
Primary Fax: (415) 380-9064
Mon - Fri 8:00 AM - 9:00 PM
Sat 9:00 AM - 6:00 PM
Sun 10:00 AM - 6:00 PM

WALGREENS

NPI: 1952316044
820 SIR FRANCIS DRAKE BLVD
SAN ANSELMO, CA 94960
♿
Primary Phone: (415) 482-0191
Primary Fax: (415) 482-0194
Mon - Fri 8:00 AM - 9:00 PM
Sat 9:00 AM - 6:00 PM
Sun 10:00 AM - 6:00 PM

WALGREENS

NPI: 1326363995
155 NORTHGATE ONE
SAN RAFAEL, CA 94903
♿
Primary Phone: (415) 479-2260
Primary Fax: (419) 479-2458
Mon - Fri 8:00 AM - 9:00 PM
Sat 9:00 AM - 6:00 PM
Sun 10:00 AM - 6:00 PM

WEST MARIN PHARMACY

NPI: 1558580985
11 FOURTH STREET
POINT REYES STATION, CA 94956
♿
Primary Phone: (415) 663-1121
Primary Fax: (415) 663-1219
Mon - Fri 9:00 AM - 6:00 PM
Sat 9:00 AM - 4:00 PM
Sun 10:00 AM - 4:00 PM

**Skilled Nursing Long Term
Care Facilities**

Aldersly Garden Retirement Community**PHC#: 24358**

NPI: 1497738363
326 Mission Ave
San Rafael, CA 94901
♿
Primary Phone: (415) 453-7425
Primary Fax: (415) 453-6377
24 Hours 7 Days a Week

Kindred Nursing and Rehabilitation-Nineteenth Avenue**PHC#: 7697**

NPI: 1427072016
2043 19th Ave
San Francisco, CA 94116
♿
Primary Phone: (415) 661-8787
Primary Fax: (415) 566-7154
Mon - Fri 8:30 AM - 5:00 PM

Kindred Nursing and Transitional Care-Santa Cruz**PHC#: 31162**

NPI: 1750396248
1115 Capitola Rd
Santa Cruz, CA 95062
♿
Primary Phone: (831) 475-4055
Primary Fax: (831) 462-9812
24 Hours 7 Days a Week

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ♿ = Trained in Cultural Competency. See Page 16 for a description of codes: ♿ **P E B I B R E T**

Revised Date: November 9, 2018

Page 39 of 89

PHC FACILITIES, PHARMACY, URGENT CARE & VSP LIST
MARIN COUNTY DIRECTORY

Northgate PostAcute Care**PHC#: 43172**

NPI: 1689053274
40 Professional Center Pkwy
San Rafael, CA 94903
☎
Primary Phone: (415) 479-1230
Primary Fax: (415) 507-1741
24 Hours 7 Days a Week

Novato Healthcare Center**PHC#: 18468**

NPI: 1417152570
1565 Hill Rd
Novato, CA 94947
☎
Primary Phone: (415) 897-6161
Primary Fax: (415) 898-0561
24 Hours 7 Days a Week

Pine Ridge Care Center**PHC#: 32099**

NPI: 1659610814
45 Professional Center Pkwy
San Rafael, CA 94903
☎
Primary Phone: (415) 479-3610
Primary Fax: (415) 479-0313
24 Hours 7 Days a Week

Professional Post Acute Center**PHC#: 20413**

NPI: 1811049026
81 Professional Center Pkwy
San Rafael, CA 94903
☎
Primary Phone: (415) 479-5161
Primary Fax: (415) 491-0512
24 Hours 7 Days a Week

San Rafael Healthcare & Wellness Center**PHC#: 27998**

NPI: 1417208109
1601 5th Ave
San Rafael, CA 94901
☎
Primary Phone: (415) 456-7170
Primary Fax: (415) 456-0415
24 Hours 7 Days a Week

Urgent Care Sites**Golden Gate Urgent Care, Inc.****PHC#: 15274**

NPI: 1952390577
Pediatrics Only
750 Redwood Hwy, Suite 1204
Mill Valley, CA 94941
☎
Primary Phone: (415) 384-4778
Mon - Fri 5:00 PM - 8:00 PM
Sat, Sun 9:00 AM - 1:00 PM

**Vision Service Plan (VSP)
(1-800-877-7195)****A and L Optometry**

NPI: 1386625283
1551 Fourth St Ste 1
San Rafael, CA 94901
Primary Phone: (415) 454-8013
Primary Fax: (415) 454-8014
Mon - Fri 9:00 AM - 5:00 PM
Sat 10:00 AM - 5:00 PM

Oppegaard, Matthew S., OD

NPI: 1386625283
License: 10545
Gender: Male
Chinese, Vietnamese

Larkspur Landing Optometry

NPI: 1801033691
1201 D Larkspur Landing Cir
Larkspur, CA 94939
Primary Phone: (415) 925-9091
Primary Fax: (415) 925-9092
Mon - Sat 9:00 AM - 5:00 PM

Day, Gina M., OD

NPI: 1972725760
License: 10121
Gender: Female
German, Spanish
Hatanaka, Jaime C., OD
NPI: 1578645719
License: 13150
Gender: Female

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ **P E B I B R E T**

Revised Date: November 9, 2018

Page 40 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Acupuncture

**Marin Community Clinics -
Campus Clinic**

PHC#: 24122

NPI: 1922303437

Available By Referral Only

No Age Limitations

3260 Kerner Blvd Ste A

San Rafael, CA 94901

☯, P,EB,IB,R,E

Level of Access: Basic

Primary Phone: (415) 448-1500

Primary Fax: (415) 755-2550

Mon - Fri 8:00 AM - 5:00 PM

Hanson, Amanda Grace, LAc

NPI: 1174032643

License: 15917

Gender: Female

Ito, Dena, LAc

NPI: 1457893190

License: 15532

Gender: Female

Special Accommodations: Adj. Exam
Tables, Hearing Impaired
Accommodations, Scales that weigh
up to 440lbs

No referral required for in-network for
OB/GYN providers

**Marin Community Clinics -
Larkspur Clinic**

PHC#: 5931

NPI: 1912091018

Available By Referral Only

No Age Limitations

5 Bon Air Rd Ste 117

Larkspur, CA 94939

☯, P,EB,IB

Level of Access: Limited

Primary Phone: (415) 448-1500

Primary Fax: (415) 448-1505

Mon - Fri 8:00 AM - 5:00 PM

Ito, Dena, LAc

NPI: 1457893190

License: 15532

Gender: Female

Special Accommodations: Adj. Exam
Tables, Scales that weigh up to
350lbs

No referral required for in-network
OB/GYN providers

**Marin Community Clinics -
Novato Clinic**

PHC#: 18385

NPI: 1003900101

Available By Referral Only

No Age Limitations

6100 Redwood Blvd

Novato, CA 94945

☯

Primary Phone: (415) 448-1500

Primary Fax: (415) 798-3198

Mon - Thu 8:00 AM - 7:00 PM

Fri 8:00 AM - 5:00 PM

Ito, Dena, LAc

NPI: 1457893190

License: 15532

Gender: Female

Special Accommodations: Adj. Exam
Tables, Scales that weigh up to
440lbs

**Marin Community Clinics - San
Rafael Clinic**

PHC#: 22856

NPI: 1154503399

Available By Referral Only

No Age Limitations

3110 Kerner Blvd

San Rafael, CA 94901

☯, P,EB,IB,E

Level of Access: Limited

Primary Phone: (415) 448-1500

Primary Fax: (415) 526-8553

Mon - Fri 8:00 AM - 7:00 PM

Sat 8:00 AM - 4:00 PM

Ito, Dena, LAc

NPI: 1457893190

License: 15532

Gender: Female

Special Accommodations: Adj. Exam
Tables, Scales that weigh up to
440lbs

No referral required for in-network
OB/GYN providers

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☯ = Trained in Cultural Competency. See Page 16 for a description of codes: ☯ P EB IB R E T

Revised Date: November 9, 2018

Page 41 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

**Marin Community Clinics - South
Novato Clinic**

PHC#: 38385
NPI: 1912091018
Available By Referral Only
No Age Limitations
6090 Redwood Blvd
Novato, CA 94945
☎
Primary Phone: (415) 448-1500
Primary Fax: (415) 798-3198
Mon - Fri 8:00 AM - 5:00 PM

Ito, Dena, LAc
NPI: 1457893190
License: 15532
Gender: Female

Special Accommodations: Adj. Exam
Tables, Scales that weigh up to
750lbs

No referral required for in-network
OB/GYN providers

Shevick, David A., LAc

PHC#: 37497
NPI: 1568697324
45 San Clemente Dr Ste D130
Corte Madera, CA 94925
☎
Primary Phone: (415) 963-4453
Primary Fax: (510) 338-9583
Mon, Fri 8:00 AM - 6:00 PM
Wed 8:00 AM - 12:00 PM
Thu 12:00 PM - 6:00 PM
Sun 6:00 PM - 8:00 PM

Shevick, David Abraham, LAc
NPI: 1568697324
License: 12612
Gender: Male
Portuguese, Spanish

Tao

PHC#: 35733
NPI: 1104128420
Available By Referral Only
No Age Limitations
130 Greenfield Ave Ste 2
San Anselmo, CA 94960
☎
Primary Phone: (415) 881-7865
Primary Fax: (415) 223-9491
Tue, Thu 10:00 AM - 6:00 PM

Hoffman, Kimberly Anne, LAc
NPI: 1104128420
License: 13881
Gender: Female

Alternative Birthing Centers

Marin Family Birth Center

PHC#: 46173
NPI: 1982080495
880 Las Gallinas Ave #1
San Rafael, CA 94903
☎
Primary Phone: (415) 339-8813
Primary Fax: (415) 479-9301
Mon - Fri 8:00 AM - 5:00 PM
Sat, Sun On Call

Ambulatory Surgery Centers

Endoscopy Center of Marin

PHC#: 21956
NPI: 1194718056
1100 S Eliseo Dr Ste 3
Greenbrae, CA 94904
☎
Primary Phone: (415) 464-0606
Primary Fax: (415) 464-0644
Mon - Fri 7:00 AM - 3:00 PM

Marin Specialty Surgery

PHC#: 33038
NPI: 1215930078
505 Sir Francis Drake Blvd
Greenbrae, CA 94904
☎
Primary Phone: (415) 461-4400
Primary Fax: (415) 461-4484
Mon - Fri 9:00 AM - 5:00 PM

**North Bay Regional Surgery
Center**

PHC#: 27833
NPI: 1346425733
100 Rowland Way Ste 145
Novato, CA 94945
☎
Primary Phone: (415) 209-2500
Primary Fax: (415) 209-2501
Tue - Fri 7:00 AM - 4:00 PM

PDI Surgery Center

PHC#: 20486
NPI: 1598993198
1380 19th Hole Dr
Windsor, CA 95492
☎
Primary Phone: (707) 838-6560
Primary Fax: (707) 838-8464
Mon - Fri 7:00 AM - 4:30 PM

Audiology

Bay Area Hearing Services

PHC#: 28017
NPI: 1144490574
1599 Tara Hills Dr
Pinole, CA 94564
☎

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ **P E B I B R E T**

Revised Date: November 9, 2018

Page 42 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Primary Phone: (510) 724-4327
Primary Fax: (510) 724-1959
Mon - Thu 9:00 AM - 5:00 PM
Fri 9:00 AM - 3:00 PM

Center for Early Intervention on Deafness

PHC#: 17367
NPI: 1942236633
1035 Grayson
Berkeley, CA 94710
☎
Primary Phone: (510) 848-4800
Primary Fax: (510) 848-4801
Mon - Fri 9:00 AM - 5:00 PM

Connect Hearing Inc. - Healdsburg

PHC#: 26360
NPI: 1265700942
1260 Healdsburg Ave Ste 202
Healdsburg, CA 95448
☎
Primary Phone: (707) 433-0705
Primary Fax: (707) 433-7595
Tue, Thu 9:00 AM - 5:00 PM

Connect Hearing Inc. - Santa Rosa

PHC#: 26360
NPI: 1265700942
4725 Hoen Ave Ste B
Santa Rosa, CA 95405
☎
Primary Phone: (707) 542-1154
Primary Fax: (707) 542-4818
Mon - Fri 9:00 AM - 5:00 PM

Hear So Good Audiology & Hearing Aids

PHC#: 32948
NPI: 1093066441
505A San Marin Dr Ste 130
Novato, CA 94945
☎
Primary Phone: (415) 456-4327
Primary Fax: (415) 480-6705
Mon - Thu 10:00 AM - 6:00 PM
Fri 10:00 AM - 5:00 PM

Kenwood Hearing Centers

PHC#: 20180
NPI: 1013011048
593 N McDowell Blvd Ste C
Petaluma, CA 94954
☎
Primary Phone: (707) 836-7720
Primary Fax: (707) 657-0373
Mon, Wed, Thu 9:00 AM - 5:00 PM

Bariatric Surgery

Marin Headlands Medical Group

Sutter Pacific Medical Foundation
PHC#: 22872
NPI: 1003267196
Available By Referral Only
No Age Limitations
101 Rowland Way Ste 220
Novato, CA 94945
☎, P,EB,IB,R,E,T
Level of Access: Basic
Primary Phone: (415) 878-7200
Primary Fax: (415) 878-7201
Mon - Fri 8:00 AM - 5:00 PM

Jossart, Gregg Howard, MD

◆ Surgery
NPI: 1518059229
License: G75072
Gender: Male
Hospital Privileges:
California Pacific Medical
Center-California Campu
California Pacific Medical
Center-Davies Campus
California Pacific Medical
Center-Mission Bernal C
California Pacific Medical
Center-Pacific Campus
Novato Community Hospital

Special Accommodations: Adj. Exam
Tables, Hearing Impaired
Accommodations, Gurney
Accommodations, Hoyer Lift, Medical
Equipment Access, Scales that weigh
up to 400lbs

Whole Health Weight Loss Institute

PHC#: 46916
NPI: 1952823841
Available By Referral Only
No Age Limitations
165 Rowland Way Ste 200
Novato, CA 94945
☎
Primary Phone: (707) 721-3500
Primary Fax: (707) 721-3499
Mon - Fri By Appointment Only

Lee, Crystine Mengchao, MD

◆ Surgery
NPI: 1508853896
License: A65187
Gender: Female
Hospital Privileges: Marin General
Hospital

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ P EB IB R E T

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Perryman, Scott Vernon, MD

◆ Surgery

NPI: 1083800999

License: A85617

Gender: Male

French

Hospital Privileges: Sonoma Valley
Hospital**Behavioral Health Treatment**

To request information on services or providers for medically necessary Behavioral Health Treatment for children with behavioral problems please contact the Care Coordination Department at (800) 809-1350.

Diagnosis: *Evaluation of behavioral problems in children with recommendation for treatment.*

Treatment: *Evidence-based behavioral interventions for children to improve behavioral functioning.*

Para solicitar información sobre servicios o proveedores para tratamientos para la salud conductual para menores con problemas conductuales, favor de contactar el departamento de coordinación de atención (Care Coordination Department) llamando al (800) 809-1350.

Diagnóstico: *Evaluación de problemas conductuales en menores con recomendación de tratamiento.*

Tratamiento: *Intervenciones en base a evidencia para menores para mejorar el funcionamiento conductual.*

Anova Education and Behavior Consultation, Inc.**PHC#: 37512**

NPI: 1538422985

220 Concourse Blvd

Santa Rosa, CA 95403

☎

Primary Phone: (707) 527-7032

Primary Fax: (707) 527-7960

Spanish

Mon - Fri 8:00 AM - 5:00 PM

Counties Served: Sonoma, Marin

Treatment

Behavioral Health Treatment
Services are usually provided in the child's home or community. This site address is an administrative office.

Autism Center of Northern California**PHC#: 42027**

NPI: 1275921587

870 Market St Ste 470-476

San Francisco, CA 94102

☎

Primary Phone: (415) 391-3417

Primary Fax: (866) 656-5932

Spanish

Mon - Fri 9:00 AM - 5:00 PM

Counties Served: Solano, Sonoma,
Mendocino, Yolo, Marin, Napa, Lake,
Del Norte, Shasta, Siskiyou,
Humboldt, Trinity, Lassen, Modoc**Diagnosis**

Behavioral Health Treatment
Services are usually provided in the child's home or community. This site address is an administrative office.

Behavioral Intervention Association**PHC#: 40720**

NPI: 1609199512

2354 Powell St Ste A

Emeryville, CA 94608

☎

Primary Phone: (510) 652-7445

Primary Fax: (510) 652-9288

Mon - Fri 8:00 AM - 5:00 PM

Counties Served: Marin

Treatment

Behavioral Health Treatment
Services are usually provided in the child's home or community. This site address is an administrative office.

Center for Autism and Related Disorders**PHC#: 33779**

NPI: 1669651675

1910 Olympic Blvd Ste 220

Walnut Creek, CA 94596

☎

Primary Phone: (925) 283-3073

Primary Fax: (925) 283-3076

Spanish

Mon - Fri 8:00 AM - 7:30 PM

Counties Served: Solano, Yolo

Treatment

Behavioral Health Treatment
Services are usually provided in the child's home or community. This site address is an administrative office.

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ **P E B I B R E T**

Revised Date: November 9, 2018

Page 44 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Center for Behavioral Solutions**PHC#: 48474**

NPI: 1356846083
236 Georgia St Ste 102
Vallejo, CA 94590
Primary Phone: (707) 552-2590
Primary Fax: (308) 633-0260
Mon, Wed - Fri 8:00 AM - 5:00 PM
Tue 8:00 AM - 5:00 AM
Counties Served: Solano, Sonoma,
Yolo, Marin, Napa, Del Norte, Shasta,
Siskiyou, Humboldt, Trinity, Modoc

Treatment

Behavioral Health Treatment
Services are usually provided in the
child's home or community. This site
address is an administrative office.

DreamLane, LLC**PHC#: 46616**

NPI: 1396250080
4900 Hopyard Rd Ste 100
Pleasanton, CA 94588
Primary Phone: (424) 522-8391
Primary Fax: (888) 502-7713
Mon - Fri 9:00 AM - 6:00 PM
Counties Served: Marin

Yoon, Jin Hee, BCBA

NPI: 1326428434
License: 1-15-18173
Gender: Female
Korean

Treatment

Behavioral Health Treatment
Services are usually provided in the
child's home or community. This site
address is an administrative office.

Gateway Learning Group, Inc.**PHC#: 42041**

NPI: 1720212749
901 H St Ste 307
Sacramento, CA 95814
Primary Phone: (877) 264-6747
Primary Fax: (877) 539-7730
French, Spanish
Mon - Fri 8:00 AM - 5:00 PM
Counties Served: Solano, Sonoma,
Yolo, Marin, Napa

Treatment

Behavioral Health Treatment
Services are usually provided in the
child's home or community. This site
address is an administrative office.

Gateway Learning Group, Inc.**PHC#: 37427**

NPI: 1720212749
1663 Mission St Ste 400
San Francisco, CA 94103
☎
Primary Phone: (877) 264-6747
Primary Fax: (877) 539-7730
Cantonese, French, German, Spanish
Mon - Fri 9:00 AM - 6:00 PM
Counties Served: Solano, Sonoma,
Marin, Napa

Treatment

Behavioral Health Treatment
Services are usually provided in the
child's home or community. This site
address is an administrative office.

Gateway Learning Group, Inc.**PHC#: 37425**

NPI: 1720212749
121 Paul Dr Ste B
San Rafael, CA 94903
☎
Primary Phone: (877) 264-6747
Primary Fax: (877) 539-7730
Cantonese, French, German, Spanish
Mon - Fri 9:00 AM - 6:00 PM
Counties Served: Solano, Sonoma,
Marin, Napa

Treatment

Behavioral Health Treatment
Services are usually provided in the
child's home or community. This site
address is an administrative office.

Juvo Autism + Behavioral Health Services**PHC#: 39319**

NPI: 1831488311
1200 Concord Ave Ste 100
Concord, CA 94520
☎
Primary Phone: (510) 832-4383
Primary Fax: (510) 550-1981
Hindi, Spanish, Urdu
Mon - Fri 8:00 AM - 6:00 PM
Counties Served: Yolo, Marin

Treatment

Behavioral Health Treatment
Services are usually provided in the
child's home or community. This site
address is an administrative office.

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ **P E B I B R E T**

Revised Date: November 9, 2018

Page 45 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Multiplicity Therapeutic Services**PHC#: 44626**

NPI: 1124373691

680 E Cotati Ave Ste B

Cotati, CA 94931



Primary Phone: (707) 822-1136

Primary Fax: (707) 633-1777

Mon - Fri 9:00 AM - 5:00 PM

Counties Served: Sonoma,

Mendocino, Marin, Lake, Humboldt

Treatment

Behavioral Health Treatment

Services are usually provided in the child's home or community. This site address is an administrative office.

Positive Behavior Supports Corp.**PHC#: 33669**

NPI: 1528405008

795 Folsom St Fl 1

San Francisco, CA 94107



Primary Phone: (855) 832-6727

Primary Fax: (772) 675-9100

Mon - Fri 8:00 AM - 8:00 PM

Counties Served: Solano, Sonoma,

Yolo, Marin, Napa

Treatment

Behavioral Health Treatment

Services are usually provided in the child's home or community. This site address is an administrative office.

Redwood Behavioral Services**PHC#: 46158**

NPI: 1376059485

2940 Park Meadow Dr

Santa Rosa, CA 95407

Primary Phone: (707) 694-8130

Primary Fax: (707) 581-7469

Mon - Fri 8:00 AM - 5:00 PM

Counties Served: Solano, Sonoma,

Mendocino, Marin, Napa

Treatment

Behavioral Health Treatment

Services are usually provided in the child's home or community. This site address is an administrative office.

STE Consultants, LLC**PHC#: 43964**

NPI: 1609198175

3650 Mt Diablo Blvd Ste 107

Lafayette, CA 94549



Primary Phone: (510) 665-9700

Primary Fax: (510) 665-9400

Mon - Fri 8:00 AM - 7:00 PM

Counties Served: Solano, Sonoma,

Mendocino, Marin, Napa, Humboldt

Treatment

Behavioral Health Treatment

Services are usually provided in the child's home or community. This site address is an administrative office.

Steps Therapy, Inc.**PHC#: 32947**

NPI: 1003053026

44 Gough St Ste 210

San Francisco, CA 94103



Primary Phone: (415) 829-7323

Primary Fax: (415) 962-4153

Mon - Fri 8:00 AM - 6:00 PM

Counties Served: Marin

Treatment

Behavioral Health Treatment

Services are usually provided in the child's home or community. This site address is an administrative office.

Terry Psylutions**PHC#: 33677**

NPI: 1518285675

925 Ygnacio Valley Rd Ste 200

Walnut Creek, CA 94596



Primary Phone: (925) 933-1833

Primary Fax: (800) 514-6974

Mon - Fri 8:00 AM - 5:00 PM

Counties Served: Solano, Sonoma,

Yolo, Marin, Napa, Lake

Terry, Larissa D, PsyD

NPI: 1518285675

License: PSY19913

Gender: Female

Diagnosis

Behavioral Health Treatment

Services are usually provided in the child's home or community. This site address is an administrative office.

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified = Trained in Cultural Competency. See Page 16 for a description of codes: **PEBIBRET**

Revised Date: November 9, 2018

Page 46 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Trumpet Behavioral Health**PHC#: 36546**

NPI: 1588967236
4849 Lone Tree Way Ste C
Antioch, CA 94531
♿
Primary Phone: (925) 462-2281
Primary Fax: (303) 984-4366
Mon - Fri 8:00 AM - 7:00 PM
Sat By Appointment Only
Counties Served: Solano, Marin,
Napa

Treatment

Behavioral Health Treatment
Services are usually provided in the
child's home or community. This site
address is an administrative office.

Trumpet Behavioral Health**PHC#: 36546**

NPI: 1588967236
901 O St Ste C
Arcata, CA 95521
♿
Primary Phone: (707) 826-0872
Primary Fax: (303) 984-4366
Mon - Fri 8:00 AM - 7:00 PM
Sat By Appointment Only
Counties Served: Solano, Sonoma,
Marin, Humboldt

Treatment

Behavioral Health Treatment
Services are usually provided in the
child's home or community. This site
address is an administrative office.

Trumpet Behavioral Health**PHC#: 36546**

NPI: 1588967236
6475 Sierra Ln Ste C
Dublin, CA 94568
♿
Primary Phone: (925) 462-2281
Primary Fax: (303) 984-4366
Mon - Fri 8:00 AM - 7:00 PM
Sat By Appointment Only
Counties Served: Solano, Sonoma,
Marin, Humboldt

Treatment

Behavioral Health Treatment
Services are usually provided in the
child's home or community. This site
address is an administrative office.

Cardiovascular Disease**Laser Light Treatment Center****PHC#: 29233**

NPI: 1326392168
Available By Referral Only
No Age Limitations
165 Rowland Way Ste 212
Novato, CA 94945
♿
Primary Phone: (415) 892-9550
Primary Fax: (415) 892-9362
Mon - Thu 9:00 AM - 5:00 PM

**Marin Community Clinics -
Campus Clinic****PHC#: 24122**

NPI: 1922303437
Available By Referral Only
No Age Limitations
3260 Kerner Blvd Ste A
San Rafael, CA 94901
♿, P,EB,IB,R,E
Level of Access: Basic
Primary Phone: (415) 448-1500
Primary Fax: (415) 755-2550
Mon - Fri 8:00 AM - 5:00 PM

Gershengorn, Kent Norman, MD

♦ Cardiovascular Disease
♦ Internal Medicine
NPI: 1811987621
License: G20314
Gender: Male
Hospital Privileges: Marin General
Hospital

Special Accommodations: Adj. Exam
Tables, Hearing Impaired
Accommodations, Scales that weigh
up to 440lbs

No referral required for in-network for
OB/GYN providers

Marin Headlands Medical Group

Sutter Pacific Medical Foundation

PHC#: 22872

NPI: 1003267196
Available By Referral Only
No Age Limitations
101 Rowland Way Ste 220
Novato, CA 94945
♿, P,EB,IB,R,E,T
Level of Access: Basic

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

♦ = Board Certified ♿ = Trained in Cultural Competency. See Page 16 for a description of codes: ♿ P EB IB R E T

Revised Date: November 9, 2018

Page 47 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Primary Phone: (415) 878-7200
Primary Fax: (415) 878-7201
Mon - Fri 8:00 AM - 5:00 PM

Special Accommodations: Adj. Exam
Tables, Hearing Impaired
Accommodations, Gurney
Accommodations, Hoyer Lift, Medical
Equipment Access, Scales that weigh
up to 400lbs

**Northern California Medical
Associates, Inc.-Fountaingrove
Cardiology**

PHC#: 16051
NPI: 1376540518
Available By Referral Only
No Age Limitations
3536 Mendocino Ave Ste 200
Santa Rosa, CA 95403
♾, **EB,IB,R**
Level of Access: Limited
Primary Phone: (707) 573-6166
Primary Fax: (707) 573-6165
Mon - Fri 8:00 AM - 5:00 PM

Babajanian, Masis, MD
♦ Cardiovascular Disease
NPI: 1609873850
License: A83907
Gender: Male
Armenian, French
Hospital Privileges: Santa Rosa
Memorial Hospital

Bedi, Ashwani Kumar, MD
♦ Cardiovascular Disease
♦ Clinical Cardiac Electrophysiology
NPI: 1053305714
License: C143371
Gender: Male
Hindi, Punjabi

Brayton, Kimberly Marie, MD

♦ Cardiovascular Disease
♦ Internal Medicine
NPI: 1811128275
License: A106242
Gender: Female
Spanish
Coleman, Patrick Scott, MD
♦ Cardiovascular Disease
♦ Internal Medicine
♦ Interventional Cardiology
NPI: 1326045428
License: G74120
Gender: Male
Hospital Privileges: Santa Rosa
Memorial Hospital

Dunlap, Thomas E, MD
♦ Cardiovascular Disease
♦ Internal Medicine
NPI: 1932106002
License: G44459
Gender: Male
Spanish
Hospital Privileges: Sutter Santa
Rosa Regional Hospital
Garfield, Allan, MD

♦ Cardiovascular Disease
♦ Internal Medicine
NPI: 1336175132
License: G22650
Gender: Male
Hospital Privileges: Sutter Santa
Rosa Regional Hospital
Huang, Henry Wu, MD
♦ Cardiovascular Disease
♦ Internal Medicine
NPI: 1063562882
License: A76732
Gender: Male

Ketchum, Eric Smith, MD

♦ Internal Medicine
NPI: 1972793537
License: A112728
Gender: Male
Patel, Vishal Ghanshyam, MD
♦ Cardiovascular Disease
♦ Internal Medicine
♦ Interventional Cardiology
NPI: 1144455825
License: A107877
Gender: Male
Spanish

Punatar, Harendra Keshavlal, MD
♦ Cardiovascular Disease
♦ Internal Medicine
NPI: 1699773432
License: A40868
Gender: Male
Gujarati, Hindi, Marathi
Hospital Privileges: Petaluma Valley
Hospital

Santo Domingo, Noel Eustaquio, MD
♦ Cardiovascular Disease
NPI: 1992797435
License: G79253
Gender: Male
Spanish, Tagalog
Hospital Privileges: Santa Rosa
Memorial Hospital

Palo Alto Medical Foundation

PHC#: 3483
NPI: 1013950807
Available By Referral Only
No Age Limitations
2340 Clay St Ste 114
San Francisco, CA 94115
♾

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.
♦ = Board Certified ♾ = Trained in Cultural Competency. See Page 16 for a description of codes: ♾ **P E B I B R E T**

Revised Date: November 9, 2018

Page 48 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Primary Phone: (415) 600-1051
Primary Fax: (415) 474-0703
Mon - Fri 9:00 AM - 5:30 PM
Sat 9:00 AM - 12:00 PM

Herr, Jared James, MD

◆ Advanced Heart Failure &
Transplant Cardiology
◆ Cardiovascular Disease
◆ Internal Medicine
NPI: 1184959272
License: A110432
Gender: Male
Hospital Privileges:
California Pacific Medical
Center-California Campu
California Pacific Medical
Center-Davies Campus
California Pacific Medical
Center-Mission Bernal C
California Pacific Medical
Center-Pacific Campus

Pham, Michael X, MD

◆ Advanced Heart Failure &
Transplant Cardiology
NPI: 1194735019
License: A71816
Gender: Male
Spanish, Vietnamese
Hospital Privileges:
California Pacific Medical
Center-California Campu
California Pacific Medical
Center-Davies Campus
California Pacific Medical
Center-Mission Bernal C
California Pacific Medical
Center-Pacific Campus

Ray, Ranjan, MD

◆ Advanced Heart Failure &
Transplant Cardiology
◆ Cardiovascular Disease
◆ Internal Medicine
NPI: 1033376017
License: A108532
Gender: Male
Hospital Privileges:
California Pacific Medical
Center-California Campu
California Pacific Medical
Center-Davies Campus
California Pacific Medical
Center-Mission Bernal C
California Pacific Medical
Center-Pacific Campus

Xie, Yu, MD

◆ Cardiovascular Disease
◆ Internal Medicine
NPI: 1295044808
License: A118086
Gender: Female
Hospital Privileges:
California Pacific Medical
Center-California Campu
California Pacific Medical
Center-Davies Campus
California Pacific Medical
Center-Mission Bernal C
California Pacific Medical
Center-Pacific Campus

Fields, Katie Elizabeth, PA-C

NPI: 1619217601
License: 22785
Gender: Female

Point Reyes Community Health Center

Coastal Health Alliance
PHC#: 10747
NPI: 1053420844
Available By Referral Only
No Age Limitations
3 Sixth St
Point Reyes, CA 94956
☎
Skilled Medical Interpreter Service
Primary Phone: (415) 663-8666
Primary Fax: (415) 663-9532
Mon - Sat 9:00 AM - 5:00 PM

Blumenthal, Joseph, MD

◆ Cardiovascular Disease
◆ Internal Medicine
NPI: 1295774909
License: A22670
Gender: Male

Special Accommodations: Adj. Exam
Tables, Hearing Impaired
Accommodations, Gurney
Accommodations, Scales that weigh
up to 400lbs

Chiropractic

Marin City Health and Wellness Center

PHC#: 39369
NPI: 1285804948
Available By Referral Only
No Age Limitations
630 Drake Ave
Sausalito, CA 94965
☎
Skilled Medical Interpreter Service

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ **P E B I B R E T**

Revised Date: November 9, 2018

Page 49 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Primary Phone: (415) 339-8813
Primary Fax: (415) 339-8814
Mon - Fri 9:00 AM - 5:00 PM

Smith, Daniel Stuart, DC

NPI: 1134205156
License: 15391
Gender: Male

Special Accommodations: Adj. Exam
Tables, Scales that weigh up to
450lbs

**Marin Community Clinics -
Campus Clinic**

PHC#: 24122

NPI: 1922303437

Available By Referral Only

No Age Limitations
3260 Kerner Blvd Ste A
San Rafael, CA 94901
♿, P,EB,IB,R,E

Level of Access: Basic
Primary Phone: (415) 448-1500
Primary Fax: (415) 755-2550
Mon - Fri 8:00 AM - 5:00 PM

Bliss, Robert Foster, DC

NPI: 1710060801
License: DC10131
Gender: Male

Vanderheyem, Jeffrey Neil, DC

NPI: 1770621351
License: DC20020
Gender: Male

Weldon, Barbara Jeanne, DC

NPI: 1881872943
License: 24663
Gender: Female

Special Accommodations: Adj. Exam
Tables, Hearing Impaired
Accommodations, Scales that weigh
up to 440lbs

No referral required for in-network for
OB/GYN providers

**Marin Community Clinics -
Larkspur Clinic**

PHC#: 5931

NPI: 1912091018

Available By Referral Only

No Age Limitations
5 Bon Air Rd Ste 117
Larkspur, CA 94939
♿, P,EB,IB
Level of Access: Limited
Primary Phone: (415) 448-1500
Primary Fax: (415) 448-1505
Mon - Fri 8:00 AM - 5:00 PM

Bliss, Robert Foster, DC

NPI: 1710060801
License: DC10131
Gender: Male

Vanderheyem, Jeffrey Neil, DC

NPI: 1770621351
License: DC20020
Gender: Male

Weldon, Barbara Jeanne, DC

NPI: 1881872943
License: 24663
Gender: Female

Special Accommodations: Adj. Exam
Tables, Scales that weigh up to
350lbs

No referral required for in-network
OB/GYN providers

**Marin Community Clinics -
Novato Clinic**

PHC#: 18385

NPI: 1003900101

Available By Referral Only

No Age Limitations
6100 Redwood Blvd
Novato, CA 94945
♿
Primary Phone: (415) 448-1500
Primary Fax: (415) 798-3198
Mon - Thu 8:00 AM - 7:00 PM
Fri 8:00 AM - 5:00 PM

Bliss, Robert Foster, DC

NPI: 1710060801
License: DC10131
Gender: Male

Vanderheyem, Jeffrey Neil, DC

NPI: 1770621351
License: DC20020
Gender: Male

Weldon, Barbara Jeanne, DC

NPI: 1881872943
License: 24663
Gender: Female

Special Accommodations: Adj. Exam
Tables, Scales that weigh up to
440lbs

**Marin Community Clinics - San
Rafael Clinic**

PHC#: 22856

NPI: 1154503399

Available By Referral Only

No Age Limitations
3110 Kerner Blvd
San Rafael, CA 94901
♿, P,EB,IB,E
Level of Access: Limited

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

♦ = Board Certified ♿ = Trained in Cultural Competency. See Page 16 for a description of codes: ♿ P EB IB R E T

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Primary Phone: (415) 448-1500
Primary Fax: (415) 526-8553
Mon - Fri 8:00 AM - 7:00 PM
Sat 8:00 AM - 4:00 PM

Bliss, Robert Foster, DC

NPI: 1710060801
License: DC10131
Gender: Male

Vanderheym, Jeffrey Neil, DC

NPI: 1770621351
License: DC20020
Gender: Male

Weldon, Barbara Jeanne, DC

NPI: 1881872943
License: 24663
Gender: Female

Special Accommodations: Adj. Exam
Tables, Scales that weigh up to
440lbs

No referral required for in-network
OB/GYN providers

**Marin Community Clinics - South
Novato Clinic**

PHC#: 38385

NPI: 1912091018

Available By Referral Only

No Age Limitations
6090 Redwood Blvd
Novato, CA 94945



Primary Phone: (415) 448-1500

Primary Fax: (415) 798-3198

Mon - Fri 8:00 AM - 5:00 PM

Bliss, Robert Foster, DC

NPI: 1710060801
License: DC10131
Gender: Male

Vanderheym, Jeffrey Neil, DC

NPI: 1770621351
License: DC20020
Gender: Male

Weldon, Barbara Jeanne, DC

NPI: 1881872943
License: 24663
Gender: Female

Special Accommodations: Adj. Exam
Tables, Scales that weigh up to
750lbs

No referral required for in-network
OB/GYN providers

**Community Based Adult
Services CBAS**

Marin Adult Day Health Center

PHC#: 26308

NPI: 1487814349

1905 Novato Blvd

Novato, CA 94947



Primary Phone: (415) 897-6884

Primary Fax: (415) 897-1585

Mon - Fri 9:00 AM - 4:30 PM

**Comprehensive Perinatal
Services Program CPSP**

**Marin Community Clinics -
Larkspur Clinic**

PHC#: 5931

NPI: 1912091018

Available By Referral Only

No Age Limitations
5 Bon Air Rd Ste 117
Larkspur, CA 94939



Level of Access: Limited

Primary Phone: (415) 448-1500

Primary Fax: (415) 448-1505

Mon - Fri 8:00 AM - 5:00 PM

Bennett, Patrick Mulvey, MD

◆ Urology

NPI: 1891713418

License: G78346

Gender: Male

Hospital Privileges: Marin General
Hospital

Sowerby, Timothy Martin, MD

◆ Gastroenterology

NPI: 1063475952

License: A50116

Gender: Male

Hospital Privileges: Marin General
Hospital

Bliss, Robert Foster, DC

NPI: 1710060801

License: DC10131

Gender: Male

Cromar, Jennifer Horch, CNM

NPI: 1134209927

License: 1580

Gender: Female

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency. See Page 16 for a description of codes: 🌐 **P E B I R E T**

Revised Date: November 9, 2018

Page 51 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Eapen, Sarah Ellen, PA-C

NPI: 1063947174

License: 54097

Gender: Female

Ito, Dena, LAc

NPI: 1457893190

License: 15532

Gender: Female

Reppun, Ann, NP

NPI: 1831200864

License: 11084

Gender: Female

Spanish

Vanderheym, Jeffrey Neil, DC

NPI: 1770621351

License: DC20020

Gender: Male

Weldon, Barbara Jeanne, DC

NPI: 1881872943

License: 24663

Gender: Female

Special Accommodations: Adj. Exam
Tables, Scales that weigh up to
350lbs

No referral required for in-network
OB/GYN providers

Dermatology

Direct Dermatology

PHC#: 26509

NPI: 1417263922

Available By Referral Only

No Age Limitations

Telehealth Services

Primary Phone: (855) 944-7546

Primary Fax: (800) 572-0683

Berk, David Reuben, MD

◆ Dermatology

◆ Pediatric Dermatology

NPI: 1205045192

License: A103865

Gender: Male

Chen, Richard Owguan, MD

◆ Dermatology

NPI: 1598929069

License: A105615

Gender: Male

Taiwanese

Craft, Noah Ames, MD

◆ Dermatology

NPI: 1750351193

License: A76802

Gender: Male

Spanish

David, Consuelo Veronica, MD

◆ Dermatology

NPI: 1689963340

License: A122615

Gender: Female

Spanish

Edwards, Arden Fredeking, MD

◆ Dermatology

◆ Internal Medicine

NPI: 1295994051

License: A134938

Gender: Female

Hamidi, Reyhaneh, MD

◆ Dermatology

NPI: 1144470162

License: A111135

Gender: Female

Farsi, Italian, Spanish

Kafi, Reza, MD

◆ Dermatology

NPI: 1891737201

License: A84048

Gender: Male

Lin, Julie Hsiao-Wen, MD

◆ Clinical Informatics

◆ Dermatology

NPI: 1063572907

License: C142478

Gender: Female

Tan, Belinda Hsiu Jung, MD

◆ Dermatology

◆ Dermatopathology

NPI: 1861690299

License: A100913

Gender: Female

Spanish

Venkatesan, Aruna, MD

◆ Dermatology

NPI: 1235457649

License: A113635

Gender: Female

Walker, Angela Kay, MD

◆ Dermatology

NPI: 1215163217

License: A108158

Gender: Female

Wong, David Jun Sing, MD

◆ Dermatology

NPI: 1316972201

License: A84286

Gender: Male

Greenberg, Joseph, MD

PHC#: 8815

NPI: 1780857318

Available By Referral Only

No Age Limitations

500 Professional Center Dr Ste 511

Novato, CA 94947



Primary Phone: (415) 897-9624

Primary Fax: (415) 472-2102

Tue 8:15 AM - 11:45 AM

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ⓘ = Trained in Cultural Competency. See Page 16 for a description of codes: ⓘ **P E B I B R E T**

Revised Date: November 9, 2018

Page 52 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Greenberg, Joseph H, MD

◆ Dermatology
◆ Internal Medicine
NPI: 1912085937
License: C35289
Gender: Male

Greenberg, Joseph, MD

PHC#: 8815
NPI: 1780857318
Available By Referral Only
No Age Limitations
750 Las Gallinas Ave Ste 205
San Rafael, CA 94903
☎
Primary Phone: (415) 472-3903
Primary Fax: (415) 472-2102
Mon - Fri 8:00 AM - 5:00 PM

Greenberg, Joseph H, MD

◆ Dermatology
◆ Internal Medicine
NPI: 1912085937
License: C35289
Gender: Male

Schten, Erik P., MD

PHC#: 24582
NPI: 1558461103
Available By Referral Only
No Age Limitations
750 Las Gallinas Ave Ste 205
San Rafael, CA 94903
☎
Primary Phone: (415) 472-3903
Primary Fax: (415) 472-2102
Tue 8:00 AM - 6:30 PM
Thu 8:00 AM - 5:00 PM

Schten, Erik Paul, MD

◆ Geriatric Medicine - Internal Medicine
◆ Internal Medicine
NPI: 1558461103
License: G78089
Gender: Male
Spanish
Hospital Privileges: Novato Community Hospital

Dialysis Centers**DaVita Dialysis-Northgate**

Total Renal Care, Inc.
PHC#: 23226
NPI: 1598939233
650 Los Gallinas Ave
San Rafael, CA 94903
☎
Primary Phone: (415) 444-0376
Primary Fax: (415) 491-4014
Mon, Wed, Fri 6:00 AM - 9:00 PM
Tue, Thu, Sat 6:00 AM - 7:00 PM

San Rafael Dialysis

PHC#: 42073
NPI: 1023499605
1415 3rd St
San Rafael, CA 94901
☎
Primary Phone: (415) 453-4437
Primary Fax: (415) 453-4616
Mon - Sat 5:00 AM - 6:00 PM

Satellite Dialysis

PHC#: 17695
NPI: 1164493276
565 Sir Francis Drake Blvd
Greenbrae, CA 94904
☎

Primary Phone: (415) 924-8622
Primary Fax: (415) 924-7639
Mon, Wed, Fri 5:30 AM - 4:30 PM
Tue, Thu, Sat 6:15 AM - 7:00 PM

Durable Medical Equipment**Active Life Medical**

PHC#: 27125
NPI: 1023271822
4217 Coronado Ave Unit D
Stockton, CA 95204
☎
Primary Phone: (209) 943-2118
Primary Fax: (209) 939-1212
Mon - Fri 8:00 AM - 5:00 PM
Sat, Sun On Call

Advanced Home Medical

PHC#: 32773
NPI: 1275587685
312 Paseo Tesoro
Walnut, CA 91789
☎
Primary Phone: (909) 444-5899
Primary Fax: (888) 518-7568
Mon - Fri 8:00 AM - 5:00 PM

All Medical Supply and Equipment

PHC#: 18309
NPI: 1184708372
921 Marin St
Vallejo, CA 94590
☎
Primary Phone: (707) 554-6701
Primary Fax: (707) 731-0781
Mon - Fri 9:00 AM - 5:00 PM

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ **P E B I B R E T**

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Apria Healthcare**PHC#: 8149**

NPI: 1699884718
3636 N Laughlin Road Ste 190
Santa Rosa, CA 95403
☎
Primary Phone: (707) 543-0979
Primary Fax: (707) 543-5852
Mon - Fri 8:30 AM - 5:00 PM
Sat, Sun On Call

Avella of Sacramento, Inc.**PHC#: 20368**

NPI: 1295746709
2288 Auburn Blvd Ste 102
Sacramento, CA 95821
☎
Primary Phone: (888) 792-3888
Primary Fax: (888) 554-3299
Mon - Fri 8:30 AM - 5:30 PM

Biohorizon Medical**PHC#: 24020**

NPI: 1083690127
3882 Del Amo Blvd Ste 604
Torrance, CA 90503
☎
Primary Phone: (866) 914-5159
Primary Fax: (866) 914-6699
Mon - Fri 8:00 AM - 5:00 PM

Byram Healthcare Centers, Inc.**PHC#: 27245**

NPI: 1477807667
5302 Rancho Rd
Huntington Beach, CA 92647
☎
Primary Phone: (877) 369-9093
Primary Fax: (866) 992-6331
Mon - Fri 8:30 AM - 5:00 PM

California Home Medical Equipment**PHC#: 19484**

NPI: 1063487304
359 Bel Marin Keys Blvd Ste 14
Novato, CA 94949
☎
Primary Phone: (800) 906-0626
Primary Fax: (650) 357-8551
Mon - Fri 8:30 AM - 5:00 PM

City Wheelchairs, Inc.**PHC#: 26661**

NPI: 1932381779
1485 Bayshore Blvd Ste 412
San Francisco, CA 94124
☎
Primary Phone: (415) 508-1153
Primary Fax: (415) 508-1083
Mon - Fri 9:00 AM - 5:00 PM

Connect Hearing Inc. - Healdsburg**PHC#: 26360**

NPI: 1265700942
1260 Healdsburg Ave Ste 202
Healdsburg, CA 95448
☎
Primary Phone: (707) 433-0705
Primary Fax: (707) 433-7595
Tue, Thu 9:00 AM - 5:00 PM

Golden State Medical, Inc.**PHC#: 10777**

NPI: 1194717520
200 Linden Ave Ste 100
Auburn, CA 95603
☎
Primary Phone: (530) 885-0981
Primary Fax: (530) 885-3631
Mon - Fri 8:00 AM - 5:00 PM

Harbor Medical Supply**PHC#: 9696**

NPI: 1720117203
2917 W Capitol Ave
West Sacramento, CA 95691
☎
Primary Phone: (916) 372-8766
Primary Fax: (916) 372-1750
Mon - Fri 8:00 AM - 5:00 PM

Home Oxygen Company, LLC**PHC#: 19061**

NPI: 1457545923
4301 N. Star Way Ste C
Modesto, CA 95356
☎
Primary Phone: (209) 523-0202
Primary Fax: (888) 499-0202
Mon - Fri 9:00 AM - 4:00 PM
Sat, Sun On Call

Hometown Medical Supplies**PHC#: 26353**

NPI: 1285772343
140 Lewis Rd Ste 5
San Jose, CA 95111
☎
Primary Phone: (408) 279-3955
Primary Fax: (408) 516-9662
Mon - Fri 9:00 AM - 5:00 PM

KCI USA, Inc.**PHC#: 12198**

NPI: 1366439358
3951 Performance Dr Ste H
Sacramento, CA 95838
☎
Primary Phone: (800) 275-4524
Primary Fax: (888) 245-2295
24 Hours 7 Days a Week

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ **P E B I B R E T**

Revised Date: November 9, 2018

Page 54 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

KCI USA, Inc.**PHC#: 12470**

NPI: 1013904119
2400 Merced St
San Leandro, CA 94577
☎
Primary Phone: (800) 275-4524
Primary Fax: (888) 245-2295
24 Hours 7 Days a Week

Kadence Healthcare**PHC#: 32607**

NPI: 1003889270
48834 Kato Rd Ste 112A
Fremont, CA 94538
Primary Phone: (877) 449-8900
Primary Fax: (510) 255-6055
Mon - Fri 8:30 AM - 5:30 PM

Medline Industries, Inc.**PHC#: 46686**

NPI: 1801225354
5701 Promontory Pkwy Ste 100
Tracy, CA 95377
Primary Phone: (866) 356-4997
Primary Fax: (866) 272-8122
Mon - Fri 7:00 AM - 6:00 PM

Owens Medical #7**PHC#: 44714**

NPI: 1043627060
1697 Sierra Ave
Yuba City, CA 95993
☎
Primary Phone: (530) 924-2768
Primary Fax: (530) 924-2769
Mon - Fri 8:00 AM - 5:00 PM

Pacific Pulmonary Services**PHC#: 20894**

NPI: 1942314224
20 S Linden Ave Ste 5B
S San Francisco, CA 94080
☎
Primary Phone: (866) 945-8489
Primary Fax: (650) 266-3419
Mon - Fri 9:30 AM - 4:30 PM
Sat, Sun On Call

Prentke Romich Company**PHC#: 8468**

NPI: 1184602518
1022 Heyl Rd
Wooster, OH 44691
Primary Phone: (800) 262-1984
Primary Fax: (330) 202-5840
Mon - Fri 8:00 AM - 5:00 PM

Pulmonary Solutions, LLC**PHC#: 25088**

NPI: 1760667638
3765 Brickway Blvd Ste 103
Santa Rosa, CA 95403
☎
Primary Phone: (877) 290-8636
Primary Fax: (877) 807-6561
Mon - Fri 8:00 AM - 5:00 PM
Sat, Sun On Call

Pulmonary Solutions, LLC**PHC#: 18028**

NPI: 1699726984
1231 Alderwood Ave
Sunnyvale, CA 94089
☎
Primary Phone: (408) 492-9504
Primary Fax: (877) 244-6983
Mon - Fri 9:00 AM - 5:00 PM

Ron Andrews Medical Company Inc.**PHC#: 4219**

NPI: 1639108798
117 Carlos Dr
San Rafael, CA 94903
☎
Primary Phone: (415) 492-1770
Primary Fax: (707) 581-2017
Mon - Fri 8:30 AM - 5:00 PM
Sat 8:30 AM - 4:30 PM

Shield Healthcare Centers**PHC#: 1653**

NPI: 1578677597
2950 Buskirk Ave Ste 180
Walnut Creek, CA 94597
☎
Primary Phone: (800) 675-8840
Primary Fax: (925) 256-1639
Mon - Fri 9:00 AM - 5:00 PM

Sleepmed Therapies, Inc.**PHC#: 18470**

NPI: 1467488627
1101 S Winchester Blvd Ste G180
San Jose, CA 95128
☎
Primary Phone: (408) 260-9170
Primary Fax: (877) 530-0629
Mon - Fri 9:00 AM - 4:00 PM

SuperCare Health**PHC#: 13800**

NPI: 1902863202
505 Watt Dr Ste 3
Fairfield, CA 94534
☎
Primary Phone: (800) 206-4880
Primary Fax: (626) 709-3442
Mon - Sun 8:30 AM - 5:30 PM

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ **P E B I B R E T**

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Timberlake II**PHC#: 25869**

NPI: 1114247681
2953 Teagarden St
San Leandro, CA 94577
Primary Phone: (510) 895-4403
Primary Fax: (510) 895-4002
Mon - Fri 8:00 AM - 5:00 PM

Tobii Dynavox LLC**PHC#: 15725**

NPI: 1831263110
2100 Wharton St Ste 400
Pittsburgh, PA 15203
Skilled Medical Interpreter Service
Primary Phone: (800) 344-1778
Primary Fax: (866) 336-2737
Mon - Fri 8:00 AM - 5:00 PM

Western Rehab Solutions**PHC#: 7887**

NPI: 1952494486
3535 Industrial Way Ste B1
Santa Rosa, CA 95403
☎
Primary Phone: (707) 544-2412
Primary Fax: (707) 544-5128
Mon - Fri 8:30 AM - 5:00 PM

Zoll Services LLC**PHC#: 19498**

NPI: 1164535274
121 Gamma Dr
Pittsburgh, PA 15238
Skilled Medical Interpreter On Site:
Spanish
Primary Phone: (412) 968-3333
Primary Fax: (412) 567-9676
Mon - Fri 8:00 AM - 4:30 PM

Endocrinology**Marin Headlands Medical Group**

Sutter Pacific Medical Foundation

PHC#: 22872

NPI: 1003267196

Available By Referral Only

No Age Limitations
101 Rowland Way Ste 220
Novato, CA 94945
☎, **P,EB,IB,R,E,T**
Level of Access: Basic
Primary Phone: (415) 878-7200
Primary Fax: (415) 878-7201
Mon - Fri 8:00 AM - 5:00 PM

Yin, Anthony York Yul, MD

◆ Endocrinology, Diabetes & Metabolism

◆ Internal Medicine

NPI: 1982710976

License: A107340

Gender: Male

Hospital Privileges:

California Pacific Medical

Center-California Campu

California Pacific Medical

Center-Davies Campus

California Pacific Medical

Center-Mission Bernal C

California Pacific Medical

Center-Pacific Campus

Marin General Hospital

Special Accommodations: Adj. Exam

Tables, Hearing Impaired

Accommodations, Gurney

Accommodations, Hoyer Lift, Medical

Equipment Access, Scales that weigh

up to 400lbs

Marin Healthcare District**PHC#: 43325**

NPI: 1659609964

Available By Referral Only

No Age Limitations

900 S Eliseo Dr Ste 201

Greenbrae, CA 94904

☎

Primary Phone: (415) 461-1780

Primary Fax: (415) 461-7378

www.marinhealthcare.org

Mon - Fri 8:00 AM - 5:00 PM

Cheng, Mickie Hsiao Mei, MD

◆ Endocrinology, Diabetes & Metabolism

NPI: 1053581306

License: A88309

Gender: Female

Hospital Privileges: Marin General Hospital

Gaudiani, Linda Marie, MD

◆ Endocrinology, Diabetes & Metabolism

◆ Internal Medicine

NPI: 1730241589

License: G35364

Gender: Female

Hospital Privileges: Marin General Hospital

Family Planning**Maioriello, Michael J.,MD****PHC#: 4253**

NPI: 1649283680

Referral Not Required

No Age Limitations

600 Professional Dr Ste 611

Novato, CA 94947

☎

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ **P E B I B R E T**

Revised Date: November 9, 2018

Page 56 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Primary Phone: (415) 897-6089
Primary Fax: (415) 897-4490
Tue, Wed, Fri 8:00 AM - 1:00 PM

Maioriello, Michael J, MD

◆ Obstetrics & Gynecology
NPI: 1649283680
License: A42597
Gender: Male
Spanish
Hospital Privileges: Marin General Hospital

No referral required for in-network
OB/GYN providers

Marin Pregnancy Clinic

PHC#: 26264

NPI: 1013100023
1320A Grant Ave
Novato, CA 94945
☎
Primary Phone: (415) 892-0558
Primary Fax: (415) 892-1980
Mon, Thu 8:30 AM - 3:00 PM
Tue 9:00 AM - 4:00 PM
Wed, Fri 9:00 AM - 3:00 PM

Duncan, Vicki Lynn, MD

◆ Obstetrics & Gynecology
NPI: 1235230798
License: G46440
Gender: Female
Spanish

Maioriello, Michael J, MD

◆ Obstetrics & Gynecology
NPI: 1649283680
License: A42597
Gender: Male
Spanish
Hospital Privileges: Marin General Hospital

Stuart, Laura Emma, NP

NPI: 1871798769
License: 14455
Gender: Female

Planned Parenthood Northern California

PHC#: 24545

NPI: 1902108541
2 H St
San Rafael, CA 94901
☎
Primary Phone: (415) 459-4907
Primary Fax: (415) 459-8873
Mon, Tue, Thu 8:30 AM - 5:00 PM
Wed 11:30 AM - 8:00 PM
Fri 8:00 AM - 4:30 PM

Drummond-Hay, Leslie Katherine, MD

◆ Obstetrics & Gynecology
NPI: 1558474536
License: G48640
Gender: Female

Goodman, Suzan R, MD

◆ Family Medicine
NPI: 1316098866
License: G82282
Gender: Female
Spanish

Hamilton, Jessica Woodruff, MD

◆ Family Medicine
NPI: 1407116007
License: A123206
Gender: Female

Heller, Bruce Gordon, MD

◆ Family Medicine
NPI: 1932194123
License: A84653
Gender: Male
Spanish

Jimenez, Douglas B, MD

◆ Family Medicine
NPI: 1154474781
License: A73110
Gender: Male
Spanish
Hospital Privileges: Sutter Santa Rosa Regional Hospital
Kennedy, Sara Lynne, MD
◆ Obstetrics & Gynecology
NPI: 1205098225
License: A107766
Gender: Female
Mommel, Lisa Marie, MD
◆ Obstetrics & Gynecology
NPI: 1386842300
License: A105720
Gender: Female
Hospital Privileges: Zuckerberg San Francisco General Hospital

Butler, Tiffany Marie, PA

NPI: 1801222443
License: 22996
Gender: Female
Fahlsing, Michelle, NP
NPI: 1124173117
License: 15060
Gender: Female
Gilbert, Sarah Mariko, NP
NPI: 1932535283
License: 23820
Gender: Female
Patterson, Anna-Mary Lynn, ANP
NPI: 1437377942
License: 16541
Gender: Female
Webster, Anna C, CNM
NPI: 1679798938
License: 1499
Gender: Female
Swedish

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ **P E B I B R E T**

Revised Date: November 9, 2018

Page 57 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Gastroenterology

Jolley, John J., MD

PHC#: 20472

NPI: 1760590269

Available By Referral Only

No Age Limitations

655 Redwood Hwy Frontage Rd Ste 375

Mill Valley, CA 94941



Primary Phone: (415) 888-2755

Primary Fax: (415) 888-2754

Mon - Wed, Fri 9:00 AM - 4:30 PM

Thu 9:00 AM - 12:00 PM

Jolley, John Joseph, MD

NPI: 1760590269

License: G21951

Gender: Male

Hospital Privileges: Marin General Hospital

Marin Gastroenterology

PHC#: 19876

NPI: 1730125758

Available By Referral Only

No Age Limitations

200 Tamal Plaza Ste 200

Corte Madera, CA 94925

☎, **P,EB,IB,R,E**

Level of Access: Basic

Primary Phone: (415) 925-6900

Primary Fax: (415) 925-6919

Mon - Fri 8:00 AM - 5:00 PM

Bettinger, John Robert, MD

◆ Gastroenterology

◆ Internal Medicine

NPI: 1225037500

License: G64202

Gender: Male

Spanish

Hospital Privileges: Marin General Hospital

Davis, Wendy Zaroff, MD

◆ Gastroenterology

NPI: 1336293653

License: C55217

Gender: Female

Hospital Privileges: Marin General Hospital

Hogan, Christopher Michael, MD

◆ Gastroenterology

◆ Internal Medicine

NPI: 1376867010

License: A125379

Gender: Male

Lee, Natalie C, MD

◆ Gastroenterology

NPI: 1447371505

License: A69882

Gender: Female

Hospital Privileges: Marin General Hospital

Malladi, Vikram Reddy, MD

◆ Gastroenterology

NPI: 1902814015

License: A102626

Gender: Male

Hospital Privileges: Zuckerberg San Francisco General Hospital

Sharma, Ripple, MD

◆ Gastroenterology

◆ Internal Medicine

NPI: 1205003167

License: A105916

Gender: Female

Hospital Privileges: Marin General Hospital

Sowerby, Timothy Martin, MD

◆ Gastroenterology

NPI: 1063475952

License: A50116

Gender: Male

Hospital Privileges: Marin General Hospital

Marin Gastroenterology

PHC#: 19876

NPI: 1730125758

Available By Referral Only

No Age Limitations

7120 Redwood Blvd

Novato, CA 94945



Level of Access: Basic

Primary Phone: (415) 925-6900

Primary Fax: (415) 925-6919

Mon - Fri 8:00 AM - 5:00 PM

Bettinger, John Robert, MD

◆ Gastroenterology

◆ Internal Medicine

NPI: 1225037500

License: G64202

Gender: Male

Spanish

Hospital Privileges: Marin General Hospital

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ **P EB IB R E T**

Revised Date: November 9, 2018

Page 58 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Davis, Wendy Zaroff, MD

◆ Gastroenterology
NPI: 1336293653
License: C55217
Gender: Female
Hospital Privileges: Marin General Hospital

Hogan, Christopher Michael, MD

◆ Gastroenterology
◆ Internal Medicine
NPI: 1376867010
License: A125379

Gender: Male

Lee, Natalie C, MD

◆ Gastroenterology
NPI: 1447371505
License: A69882
Gender: Female
Hospital Privileges: Marin General Hospital

Malladi, Vikram Reddy, MD

◆ Gastroenterology
NPI: 1902814015
License: A102626
Gender: Male
Hospital Privileges: Zuckerberg San Francisco General Hospital

Sharma, Ripple, MD

◆ Gastroenterology
◆ Internal Medicine
NPI: 1205003167
License: A105916
Gender: Female
Hospital Privileges: Marin General Hospital

Sowerby, Timothy Martin, MD

◆ Gastroenterology
NPI: 1063475952
License: A50116
Gender: Male
Hospital Privileges: Marin General Hospital

General Surgery**Marin Headlands Medical Group**

Sutter Pacific Medical Foundation

PHC#: 22872

NPI: 1003267196

Available By Referral Only

No Age Limitations
101 Rowland Way Ste 220
Novato, CA 94945
☎, P,EB,IB,R,E,T
Level of Access: Basic
Primary Phone: (415) 878-7200
Primary Fax: (415) 878-7201
Mon - Fri 8:00 AM - 5:00 PM

Jossart, Gregg Howard, MD

◆ Surgery
NPI: 1518059229
License: G75072
Gender: Male
Hospital Privileges:
California Pacific Medical Center-California Campus
California Pacific Medical Center-Davies Campus
California Pacific Medical Center-Mission Bernal C
California Pacific Medical Center-Pacific Campus
Novato Community Hospital

Special Accommodations: Adj. Exam Tables, Hearing Impaired
Accommodations, Gurney
Accommodations, Hoyer Lift, Medical Equipment Access, Scales that weigh up to 400lbs

Mark Bazalgette, MD

PHC#: 47618

NPI: 1891806014

Available By Referral Only

No Age Limitations
165 Rowland Way Ste 200
Novato, CA 94945
Primary Phone: (415) 472-9945
Primary Fax: (707) 934-8107
Mon - Fri 8:00 AM - 5:00 PM

Bazalgette, Mark Burrell, MD

◆ Colon & Rectal Surgery
NPI: 1891806014
License: A46290
Gender: Male
Hospital Privileges: Marin General Hospital

Prima Medical Group

PHC#: 24111

NPI: 1073892717

Available By Referral Only

No Age Limitations
1350 S Eliseo Dr Ste 300
Greenbrae, CA 94904
☎
Primary Phone: (415) 842-5150
Primary Fax: (415) 842-5152
Mon - Fri 7:30 AM - 3:30 PM

Kelley, Leah Morton, MD

◆ Obstetrics & Gynecology
NPI: 1013043314
License: A89531
Gender: Female
French

Du, Alice, PA-C

NPI: 1568909489
License: 54181
Gender: Female

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ P E B I B R E T

Revised Date: November 9, 2018

Page 59 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Prima Medical Group**PHC#: 25055**

NPI: 1346520905

Available By Referral Only

No Age Limitations

5 Bon Air Rd Ste 101

Larkspur, CA 94939



Primary Phone: (415) 924-2515

Primary Fax: (415) 924-2661

Mon - Fri 8:00 AM - 4:30 PM

Alfrey, Edward J, MD

◆ Surgery

NPI: 1992773311

License: G72742

Gender: Male

Hospital Privileges: Marin General

Hospital

Minnis, James Gary, MD

NPI: 1417169954

License: A116765

Gender: Male

Hospital Privileges: Marin General

Hospital

**Whole Health Weight Loss
Institute****PHC#: 46916**

NPI: 1952823841

Available By Referral Only

No Age Limitations

165 Rowland Way Ste 200

Novato, CA 94945



Primary Phone: (707) 721-3500

Primary Fax: (707) 721-3499

Mon - Fri By Appointment Only

Lee, Crystine Mengchao, MD

◆ Surgery

NPI: 1508853896

License: A65187

Gender: Female

Hospital Privileges: Marin General

Hospital

Perryman, Scott Vernon, MD

◆ Surgery

NPI: 1083800999

License: A85617

Gender: Male

French

Hospital Privileges: Sonoma Valley

Hospital

Gynecology**Maioriello, Michael J., MD****PHC#: 4253**

NPI: 1649283680

Referral Not Required

No Age Limitations

600 Professional Dr Ste 611

Novato, CA 94947



Primary Phone: (415) 897-6089

Primary Fax: (415) 897-4490

Tue, Wed, Fri 8:00 AM - 1:00 PM

Maioriello, Michael J, MD

◆ Obstetrics & Gynecology

NPI: 1649283680

License: A42597

Gender: Male

Spanish

Hospital Privileges: Marin General

Hospital

No referral required for in-network
OB/GYN providers**Marin City Health and Wellness
Center****PHC#: 46184**

NPI: 1285804948

Referral Not Required

No Age Limitations

630 Drake Ave

Sausalito, CA 94965



Skilled Medical Interpreter Service

Primary Phone: (415) 339-8813

Primary Fax: (415) 339-8814

Mon - Fri 9:00 AM - 5:00 PM

Pierce, Lasha Kim, MD

◆ Obstetrics & Gynecology

NPI: 1679583231

License: A75116

Gender: Female

Special Accommodations: Adj. Exam
Tables, Scales that weigh up to
450lbsNo referral required for in-network
OB/GYN providers**Marin Community Clinics -
Campus Clinic****PHC#: 24122**

NPI: 1922303437

Available By Referral Only

No Age Limitations

3260 Kerner Blvd Ste A

San Rafael, CA 94901



◆, P,EB,IB,R,E

Level of Access: Basic

Primary Phone: (415) 448-1500

Primary Fax: (415) 755-2550

Mon - Fri 8:00 AM - 5:00 PM

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified = Trained in Cultural Competency. See Page 16 for a description of codes: P E B I B R E T

Revised Date: November 9, 2018

Page 60 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Bookoff, Charles N, MD

♦ Obstetrics & Gynecology

NPI: 1982664496

License: G21934

Gender: Male

Hospital Privileges: Marin General Hospital

Byer, Jennifer Ellen Johnson, MD

NPI: 1578838298

License: A119671

Gender: Female

Hospital Privileges: Queen of the Valley Medical Center

Baurmann, Amelia Grace, CNM

NPI: 1821245952

License: 1863

Gender: Female

Spanish

Bishop, Joleen Diane, NP

NPI: 1295737435

License: 21702

Gender: Female

Hwang, Carolyn Rayburn, CNM

NPI: 1588033054

License: 235803

Gender: Female

Lance, Erin Burke, CNM

NPI: 1306955414

License: 1380

Gender: Female

Spanish

Reppun, Ann, NP

NPI: 1831200864

License: 11084

Gender: Female

Spanish

Special Accommodations: Adj. Exam
Tables, Hearing Impaired
Accommodations, Scales that weigh
up to 440lbs

No referral required for in-network for
OB/GYN providers

**Marin Community Clinics -
Larkspur Clinic**

PHC#: 5931

NPI: 1912091018

Available By Referral Only

No Age Limitations

5 Bon Air Rd Ste 117

Larkspur, CA 94939

♿, P, EB, IB

Level of Access: Limited

Primary Phone: (415) 448-1500

Primary Fax: (415) 448-1505

Mon - Fri 8:00 AM - 5:00 PM

Cromar, Jennifer Horch, CNM

NPI: 1134209927

License: 1580

Gender: Female

Reppun, Ann, NP

NPI: 1831200864

License: 11084

Gender: Female

Spanish

Special Accommodations: Adj. Exam
Tables, Scales that weigh up to
350lbs

No referral required for in-network
OB/GYN providers

**Marin Community Clinics - South
Novato Clinic**

PHC#: 38385

NPI: 1912091018

Available By Referral Only

No Age Limitations

6090 Redwood Blvd

Novato, CA 94945

♿

Primary Phone: (415) 448-1500

Primary Fax: (415) 798-3198

Mon - Fri 8:00 AM - 5:00 PM

Shaw, Elizabeth Anne, MD

♦ Family Medicine

NPI: 1740443555

License: A107652

Gender: Female

Spanish

Special Accommodations: Adj. Exam
Tables, Scales that weigh up to
750lbs

No referral required for in-network
OB/GYN providers

Prima Medical Group

PHC#: 24112

NPI: 1609157734

Referral Not Required

No Age Limitations

100A Drakes Landing Rd Ste 225

Greenbrae, CA 94904

♿

Primary Phone: (415) 461-7800

Primary Fax: (415) 461-8619

Mon - Fri 8:00 AM - 5:00 PM

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

♦ = Board Certified ♾ = Trained in Cultural Competency. See Page 16 for a description of codes: ♿ P EB IB R E T

Revised Date: November 9, 2018

Page 61 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Brown, Elizabeth Rachel, DO

NPI: 1215281019
License: 20A12407
Gender: Female
Hospital Privileges: Marin General Hospital

Cardellini, Alexis April, MD

◆ Obstetrics & Gynecology
NPI: 1922242858
License: A107104
Gender: Female
Hospital Privileges: Marin General Hospital

DeMuth, Brian E, MD

◆ Obstetrics & Gynecology
NPI: 1770553950
License: G60223
Gender: Male
Hospital Privileges: Marin General Hospital

Flores, Sylvia Jean, MD

◆ Obstetrics & Gynecology
NPI: 1114904307
License: G75624
Gender: Female
Spanish
Hospital Privileges: Marin General Hospital

Galland, David Bernard, MD

◆ Obstetrics & Gynecology
NPI: 1154392637
License: G40814
Gender: Male
Hospital Privileges: Marin General Hospital

Jaeger, Amber Lynn, MD

NPI: 1326281023
License: A125989
Gender: Female

Matsik, Kristen Marxen, MD

◆ Obstetrics & Gynecology
NPI: 1295807022
License: A71395
Gender: Female
Hospital Privileges: Marin General Hospital

Pathi, Sujatha, MD

◆ Female Pelvic Medicine & Reconstructive Surgery
◆ Obstetrics & Gynecology
NPI: 1639353279
License: A95639
Gender: Female
Hospital Privileges: Marin General Hospital

Voss, Kirsten Jennifer, MD

◆ Obstetrics & Gynecology
NPI: 1740267939
License: A74954
Gender: Female
Spanish
Hospital Privileges: Marin General Hospital

Wilner, Gerald Paul, MD

◆ Obstetrics & Gynecology
NPI: 1285730275
License: G20943
Gender: Male
Hospital Privileges: Marin General Hospital

Davis, Mary Newberry, CNM

NPI: 1588815534
License: 1505
Gender: Female
Ely, Rachel E, CNM
NPI: 1447763867
License: 235907
Gender: Female
Spanish

Graven, Susan Frances, CNM

NPI: 1255425096
License: 1266
Gender: Female
Matteo, Sheri Ann, CNM
NPI: 1538216890
License: 1641
Gender: Female
Staehilin, Melanie B, CNM
NPI: 1588167563
License: 235918
Gender: Female
Wice, Melanie S, CNM
NPI: 1750484929
License: 937
Gender: Female
Wight, Linda Carol, NP
NPI: 1962563627
License: 265054
Gender: Female

No referral required for in-network OB/GYN providers

Prima Medical Group**PHC#: 33778**

NPI: 1033503446
Referral Not Required
No Age Limitations
75 Rowland Way Ste 275
Novato, CA 94945
☎
Primary Phone: (415) 461-7800
Primary Fax: (415) 461-8619
Mon - Fri 9:00 AM - 5:00 PM

Brown, Elizabeth Rachel, DO

NPI: 1215281019
License: 20A12407
Gender: Female
Hospital Privileges: Marin General Hospital

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ **P E B I R E T**

Revised Date: November 9, 2018

Page 62 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Cardellini, Alexis April, MD

◆ Obstetrics & Gynecology
NPI: 1922242858
License: A107104
Gender: Female
Hospital Privileges: Marin General Hospital

DeMuth, Brian E, MD

◆ Obstetrics & Gynecology
NPI: 1770553950
License: G60223
Gender: Male
Hospital Privileges: Marin General Hospital

Flores, Sylvia Jean, MD

◆ Obstetrics & Gynecology
NPI: 1114904307
License: G75624
Gender: Female
Spanish
Hospital Privileges: Marin General Hospital

Galland, David Bernard, MD

◆ Obstetrics & Gynecology
NPI: 1154392637
License: G40814
Gender: Male
Hospital Privileges: Marin General Hospital

Jaeger, Amber Lynn, MD

NPI: 1326281023
License: A125989
Gender: Female

Voss, Kirsten Jennifer, MD

◆ Obstetrics & Gynecology
NPI: 1740267939
License: A74954
Gender: Female
Spanish
Hospital Privileges: Marin General Hospital

Wilner, Gerald Paul, MD

◆ Obstetrics & Gynecology
NPI: 1285730275
License: G20943
Gender: Male
Hospital Privileges: Marin General Hospital

No referral required for in-network
OB/GYN providers

HIV AIDS Specialists

**Marin Community Clinics -
Campus Clinic**

PHC#: 24122

NPI: 1922303437

Available By Referral Only

No Age Limitations
3260 Kerner Blvd Ste A
San Rafael, CA 94901
♿, P,EB,IB,R,E
Level of Access: Basic
Primary Phone: (415) 448-1500
Primary Fax: (415) 755-2550
Mon - Fri 8:00 AM - 5:00 PM

Special Accommodations: Adj. Exam
Tables, Hearing Impaired
Accommodations, Scales that weigh
up to 440lbs

No referral required for in-network for
OB/GYN providers

Hearing Aid Dispenser

**Advanced Instruments Hearing
Aid Services**

PHC#: 1972

NPI: 1235353137
1534 Tennessee St
Vallejo, CA 94590
♿
Primary Phone: (707) 554-6660
Primary Fax: (707) 558-1062
Mon - Fri 9:00 AM - 5:00 PM

Bay Area Hearing Services

PHC#: 28017

NPI: 1144490574
1599 Tara Hills Dr
Pinole, CA 94564
♿
Primary Phone: (510) 724-4327
Primary Fax: (510) 724-1959
Mon - Thu 9:00 AM - 5:00 PM
Fri 9:00 AM - 3:00 PM

**Connect Hearing Inc. -
Healdsburg**

PHC#: 26360

NPI: 1265700942
1260 Healdsburg Ave Ste 202
Healdsburg, CA 95448
♿
Primary Phone: (707) 433-0705
Primary Fax: (707) 433-7595
Tue, Thu 9:00 AM - 5:00 PM

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ♿ = Trained in Cultural Competency. See Page 16 for a description of codes: ♿ P E B I B R E T

Revised Date: November 9, 2018

Page 63 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Connect Hearing Inc. - Santa Rosa

PHC#: 26360

NPI: 1265700942

4725 Hoen Ave Ste B
Santa Rosa, CA 95405



Primary Phone: (707) 542-1154

Primary Fax: (707) 542-4818

Mon - Fri 9:00 AM - 5:00 PM

Hear So Good Audiology & Hearing Aids

PHC#: 32948

NPI: 1093066441

505A San Marin Dr Ste 130
Novato, CA 94945



Primary Phone: (415) 456-4327

Primary Fax: (415) 480-6705

Mon - Thu 10:00 AM - 6:00 PM

Fri 10:00 AM - 5:00 PM

Hearing Services of Marin

PHC#: 20689

NPI: 1285776005

2400 Las Gallinas Ave Ste 150
San Rafael, CA 94903



Primary Phone: (415) 479-5675

Primary Fax: (415) 479-1767

Mon, Thu, Fri 9:00 AM - 5:00 PM

Tue, Wed 9:00 AM - 4:00 PM

Sat By Appointment Only

Kenwood Hearing Centers

PHC#: 20180

NPI: 1013011048

593 N McDowell Blvd Ste C
Petaluma, CA 94954



Primary Phone: (707) 836-7720

Primary Fax: (707) 657-0373

Mon, Wed, Thu 9:00 AM - 5:00 PM

Hematology

Marin Cancer Care, Inc.

PHC#: 23139

NPI: 1629370499

Available By Referral Only

No Age Limitations

1350 S Eliseo Dr Ste 200

Greenbrae, CA 94904

☎, P, EB

Level of Access: Limited

Primary Phone: (415) 925-5000

Primary Fax: (415) 925-5050

Mon - Fri 9:00 AM - 5:00 PM

Anderson, Kristin Nicole, MD

◆ Hematology

◆ Internal Medicine

◆ Medical Oncology

NPI: 1962732354

License: A117104

Gender: Female

Hospital Privileges: Marin General Hospital

Galligan, Barbara Marie, MD

◆ Hematology

◆ Internal Medicine

◆ Medical Oncology

NPI: 1679896013

License: A116627

Gender: Female

Spanish

Hospital Privileges: Novato

Community Hospital

Metzger, Alex Samuel, MD

◆ Hematology

◆ Medical Oncology

NPI: 1821070590

License: A79556

Gender: Male

Spanish

Hospital Privileges: Marin General

Hospital

Marin Cancer Care, Inc.

PHC#: 23233

NPI: 1629370499

Available By Referral Only

No Age Limitations

165 Rowland Way Ste 208

Novato, CA 94945

☎, P, EB, IB, E

Level of Access: Limited

Primary Phone: (415) 925-5000

Primary Fax: (415) 925-5050

Mon - Fri 8:00 AM - 5:00 PM

Metzger, Alex Samuel, MD

◆ Hematology

◆ Medical Oncology

NPI: 1821070590

License: A79556

Gender: Male

Spanish

Hospital Privileges: Marin General

Hospital

Home Health Agencies

Comprehensive Home Health Care & Hospice, Inc.

PHC#: 36599

NPI: 1205297702

127 Hospital Dr Ste 202A/202B

Vallejo, CA 94589



To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ P EB IB R E T

Revised Date: November 9, 2018

Page 64 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Primary Phone: (707) 554-4003
Primary Fax: (707) 554-4043
Mon - Fri 8:30 AM - 5:00 PM

Continuum Care Hospice, LLC

PHC#: 36551
NPI: 1467859900
2300 Clayton Rd Ste 1220
Concord, CA 94520
☎
Primary Phone: (510) 560-2012
Primary Fax: (510) 722-8548
Mon - Sat 8:30 AM - 5:00 PM

George Mark Children's House

PHC#: 14111
NPI: 1336200245
2121 George Mark Ln
San Leandro, CA 94578
☎
Primary Phone: (510) 346-4624
Primary Fax: (510) 901-7592
24 Hours 7 Days a Week

Intouch Home Care, Inc.

PHC#: 44403
NPI: 1639541758
4701 Patrick Henry Dr Ste 2601
Santa Clara, CA 95054
☎
Primary Phone: (408) 650-7110
Primary Fax: (408) 608-1917
Mon - Fri 9:00 AM - 5:00 PM

Premier Healthcare Services

PHC#: 26763
NPI: 1396064093
1000 Atlantic Ave Ste 112
Alameda, CA 94501
☎

Primary Phone: (510) 568-2201
Primary Fax: (877) 509-7035
Mon - Fri 8:00 AM - 5:00 PM
Sat, Sun On Call

Premier Healthcare Services

PHC#: 40638
NPI: 1619230349
1000 Burnett Ave Ste 435
Concord, CA 94520
☎
Primary Phone: (925) 356-3333
Primary Fax: (888) 960-0957
Mon - Fri 8:00 AM - 5:00 PM
Sat, Sun On Call

Sutter Care at Home

PHC#: 25114
NPI: 1437188208
2800 Leavenworth St Ste 350A
San Francisco, CA 94133
Primary Phone: (415) 749-4200
Primary Fax: (888) 740-1373

Sutter Care at Home

PHC#: 31067
NPI: 1821027624
1700 S Amphlett Blvd Ste 300
San Mateo, CA 94402
Primary Phone: (650) 685-2800
Primary Fax: (855) 604-3216
Mon - Fri 8:00 AM - 5:00 PM

Sutter VNA & Hospice

PHC#: 18022
NPI: 1265461024
100 Rowland Way Ste 215
Novato, CA 94945
☎

Primary Phone: (415) 209-7700
Primary Fax: (888) 729-9912
Mon - Fri 8:00 AM - 5:00 PM

Sutter VNA Roseville

PHC#: 13078
NPI: 1770512535
3001 Lava Ridge Ct Ste 330A
Roseville, CA 95661
☎
Primary Phone: (916) 797-7979
Primary Fax: (855) 604-3222
Mon - Sun 8:00 AM - 5:00 PM

Sutter VNA Sacramento

PHC#: 7566
NPI: 1649209412
8330 Ferguson Ave
Sacramento, CA 95828
☎
Primary Phone: (916) 388-6200
Primary Fax: (916) 381-6194
Mon - Fri 9:00 AM - 5:00 PM

Home Infusion Therapy

BrioRx Infusion Services

PHC#: 16426
NPI: 1003926460
170 Professional Center Dr Ste C
Rohnert Park, CA 94928
☎
Primary Phone: (707) 588-8894
Primary Fax: (707) 588-8908
Mon - Fri 8:30 AM - 5:00 PM
Sat, Sun On Call

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ **P E B I B R E T**

Revised Date: November 9, 2018

Page 65 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Community Healthcare Services**PHC#: 26277**

NPI: 1538497235
24747 Redlands Blvd Ste D
Loma Linda, CA 92354
☎
Primary Phone: (877) 616-1247
Primary Fax: (877) 616-2247
Mon - Fri 9:00 AM - 5:00 PM
Sat, Sun On Call

Coram Healthcare**PHC#: 4615**

NPI: 1629027867
3160 Corporate Pl
Hayward, CA 94545
☎
Primary Phone: (510) 732-8800
Other Phone: (800) 876-9101
Primary Fax: (510) 732-8801
Mon - Fri 8:00 AM - 5:00 PM
Sat, Sun On Call

LPCH Children's Home Pharmacy**PHC#: 9472**

NPI: 1407864374
4600 Bohannon Dr Ste 105 MC 5531
Menlo Park, CA 94025
Primary Phone: (650) 497-8316
Primary Fax: (650) 497-8320
Mon - Fri 9:00 AM - 5:30 PM

NuFactor, Inc.**PHC#: 14520**

NPI: 1861599540
44900 Winchester Rd
Temecula, CA 92590
Skilled Medical Interpreter Service
Primary Phone: (800) 323-6832
Primary Fax: (951) 296-0136
Mon - Fri 8:00 AM - 5:00 PM

Soleo Health, Inc.**PHC#: 38559**

NPI: 1235527227
1324 W Winton Ave
Hayward, CA 94545
☎
Primary Phone: (510) 362-7360
Primary Fax: (510) 460-1389
Mon - Fri 8:30 AM - 5:00 PM
Sat, Sun On Call

Hospice Services**Heartland Hospice****PHC#: 17030**

NPI: 1750333977
3700 Old Redwood Hwy Ste 103
Santa Rosa, CA 95403
☎
Primary Phone: (707) 523-0111
Primary Fax: (707) 523-1034
Mon - Fri 8:00 AM - 5:00 PM

Hospice By The Bay**PHC#: 18647**

NPI: 1255381547
190 W Napa St
Sonoma, CA 95476
Primary Phone: (707) 935-7504
Primary Fax: (707) 935-7590
24 Hours 7 Days a Week

Hospice by the Bay**PHC#: 18647**

NPI: 1255381547
17 E Sir Francis Drake Blvd
Larkspur, CA 94939
☎
Primary Phone: (415) 927-2273
Primary Fax: (888) 958-7460
24 Hours 7 Days a Week

Special Accommodations: Hoyer Lift

Sutter Care at Home**PHC#: 37455**

NPI: 1245264134
2800 Leavenworth St Ste 350B
San Francisco, CA 94133
Primary Phone: (415) 749-4201
Primary Fax: (855) 755-6416
Mon - Fri 8:00 AM - 5:00 PM

Sutter Care at Home**PHC#: 21264**

NPI: 1912931809
1700 S Amphlett Blvd Ste 300
San Mateo, CA 94402
Primary Phone: (650) 685-2830
Primary Fax: (650) 343-1242
Mon - Fri 8:00 AM - 5:00 PM

Vitas Healthcare**PHC#: 16197**

NPI: 1720122831
355 Lennon Ln Ste 150
Walnut Creek, CA 94598
☎
Primary Phone: (925) 930-9373
Primary Fax: (925) 945-3850
24 Hours 7 Days a Week

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ **P E B I B R E T**

Revised Date: November 9, 2018

Page 66 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Infectious Diseases	Prima Medical Group	Laboratory Draw Stations
<p>Marin Community Clinics - Campus Clinic</p> <p>PHC#: 24122 NPI: 1922303437 Available By Referral Only No Age Limitations 3260 Kerner Blvd Ste A San Rafael, CA 94901 🏠, P,EB,IB,R,E Level of Access: Basic Primary Phone: (415) 448-1500 Primary Fax: (415) 755-2550 Mon - Fri 8:00 AM - 5:00 PM</p> <p>Merjavy, Stephen A, MD ♦ Family Medicine NPI: 1326477993 License: A127852 Gender: Male Spanish</p> <p>Wallace, Sandra Louise, MD ♦ Infectious Disease ♦ Internal Medicine NPI: 1235140930 License: G40391 Gender: Female</p> <p>Special Accommodations: Adj. Exam Tables, Hearing Impaired Accommodations, Scales that weigh up to 440lbs</p> <p>No referral required for in-network for OB/GYN providers</p>	<p>PHC#: 23679 NPI: 1548258106 Available By Referral Only No Age Limitations 1100 Larkspur Landing Cir Ste 10 Larkspur, CA 94939 🏠, P,EB,IB,R Level of Access: Limited Primary Phone: (415) 924-1214 Primary Fax: (415) 924-1375 Mon - Fri 8:00 AM - 5:30 PM</p> <p>Evens, Alexander Ronald, DO ♦ Infectious Disease ♦ Internal Medicine NPI: 1114144649 License: 20A9461 Gender: Male Hospital Privileges: Marin General Hospital</p> <p>Tolliver, Gregg Leonard, MD ♦ Infectious Disease ♦ Internal Medicine NPI: 1346286465 License: A88295 Gender: Male Spanish Hospital Privileges: Marin General Hospital</p> <p>Special Accommodations: Adj. Exam Tables, Hearing Impaired Accommodations, Scales that weigh up to 500lbs</p>	<p>Quest Diagnostics</p> <p>PHC#: 3347 NPI: 1619913449 1000 S Eliseo Dr Ste 100 Greenbrae, CA 94904 Primary Phone: (415) 299-6461 Primary Fax: (415) 925-5150 Mon - Fri 7:00 AM - 5:00 PM Sat 8:00 AM - 12:00 PM</p> <p>Members living in Solano, Napa, Yolo, Sonoma and Marin Counties must use a Quest Lab for lab services. Members living in all other counties may use any lab listed in the provider directory.</p> <p>Quest Diagnostics</p> <p>PHC#: 3347 NPI: 1619913449 447 Miller Ave Mill Valley, CA 94941 🏠 Primary Phone: (415) 925-2800 Primary Fax: (415) 381-9517 Mon - Fri 7:00 AM - 2:00 PM</p> <p>Members living in Solano, Napa, Yolo, Sonoma and Marin Counties must use a Quest Lab for lab services. Members living in all other counties may use any lab listed in the provider directory.</p>

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

♦ = Board Certified 🏠 = Trained in Cultural Competency. See Page 16 for a description of codes: 🏠 P EB IB R E T

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Quest Diagnostics**PHC#: 3347**

NPI: 1619913449
711 D St Ste 103
San Rafael, CA 94901
☎

Primary Phone: (415) 925-2720
Primary Fax: (415) 482-6586
Mon - Fri 7:30 AM - 4:30 PM

Members living in Solano, Napa, Yolo, Sonoma and Marin Counties must use a Quest Lab for lab services. Members living in all other counties may use any lab listed in the provider directory.

Quest Diagnostics**PHC#: 3347**

NPI: 1619913449
950 Las Gallinas Ave
San Rafael, CA 94903
Primary Phone: (415) 680-1042
Primary Fax: (415) 472-1566
Mon - Fri 7:30 AM - 4:30 PM

Members living in Solano, Napa, Yolo, Sonoma and Marin Counties must use a Quest Lab for lab services. Members living in all other counties may use any lab listed in the provider directory.

Medical Supplies**Active Life Medical****PHC#: 27125**

NPI: 1023271822
4217 Coronado Ave Unit D
Stockton, CA 95204
☎

Primary Phone: (209) 943-2118
Primary Fax: (209) 939-1212
Mon - Fri 8:00 AM - 5:00 PM
Sat, Sun On Call

Advanced Diabetes Supply**PHC#: 15727**

NPI: 1245259282
2544 Campbell Pl Ste 150
Carlsbad, CA 92009
Primary Phone: (760) 579-7200
Primary Fax: (760) 579-7299
Mon - Fri 8:30 AM - 5:00 PM

All Medical Supply and Equipment**PHC#: 18309**

NPI: 1184708372
921 Marin St
Vallejo, CA 94590
☎
Primary Phone: (707) 554-6701
Primary Fax: (707) 731-0781
Mon - Fri 9:00 AM - 5:00 PM

Avella of Sacramento, Inc.**PHC#: 20368**

NPI: 1295746709
2288 Auburn Blvd Ste 102
Sacramento, CA 95821
☎
Primary Phone: (888) 792-3888
Primary Fax: (888) 554-3299
Mon - Fri 8:30 AM - 5:30 PM

Biohorizon Medical**PHC#: 24020**

NPI: 1083690127
3882 Del Amo Blvd Ste 604
Torrance, CA 90503
☎

Primary Phone: (866) 914-5159
Primary Fax: (866) 914-6699
Mon - Fri 8:00 AM - 5:00 PM

Byram Healthcare Centers, Inc.**PHC#: 27245**

NPI: 1477807667
5302 Rancho Rd
Huntington Beach, CA 92647
☎
Primary Phone: (877) 369-9093
Primary Fax: (866) 992-6331
Mon - Fri 8:30 AM - 5:00 PM

Harbor Medical Supply**PHC#: 9696**

NPI: 1720117203
2917 W Capitol Ave
West Sacramento, CA 95691
☎
Primary Phone: (916) 372-8766
Primary Fax: (916) 372-1750
Mon - Fri 8:00 AM - 5:00 PM

Home Oxygen Company, LLC**PHC#: 19061**

NPI: 1457545923
4301 N. Star Way Ste C
Modesto, CA 95356
☎
Primary Phone: (209) 523-0202
Primary Fax: (888) 499-0202
Mon - Fri 9:00 AM - 4:00 PM
Sat, Sun On Call

Hometown Medical Supplies**PHC#: 26353**

NPI: 1285772343
140 Lewis Rd Ste 5
San Jose, CA 95111
☎

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ **P E B I B R E T**

Revised Date: November 9, 2018

Page 68 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Primary Phone: (408) 279-3955
Primary Fax: (408) 516-9662
Mon - Fri 9:00 AM - 5:00 PM

Pulmonary Solutions, LLC

PHC#: 18028
NPI: 1699726984
1231 Alderwood Ave
Sunnyvale, CA 94089
☎
Primary Phone: (408) 492-9504
Primary Fax: (877) 244-6983
Mon - Fri 9:00 AM - 5:00 PM

Ron Andrews Medical Company Inc.

PHC#: 4219
NPI: 1639108798
117 Carlos Dr
San Rafael, CA 94903
☎
Primary Phone: (415) 492-1770
Primary Fax: (707) 581-2017
Mon - Fri 8:30 AM - 5:00 PM
Sat 8:30 AM - 4:30 PM

Shield Healthcare Centers

PHC#: 1653
NPI: 1578677597
2950 Buskirk Ave Ste 180
Walnut Creek, CA 94597
☎
Primary Phone: (800) 675-8840
Primary Fax: (925) 256-1639
Mon - Fri 9:00 AM - 5:00 PM

SuperCare Health

PHC#: 13800
NPI: 1902863202
505 Watt Dr Ste 3
Fairfield, CA 94534
☎
Primary Phone: (800) 206-4880
Primary Fax: (626) 709-3442
Mon - Sun 8:30 AM - 5:30 PM

Nephrology

Marin Nephrology

PHC#: 22761
NPI: 1538489109
Available By Referral Only
No Age Limitations
1300 S Eliseo Dr Ste 104
Greenbrae, CA 94904
☎
Primary Phone: (415) 925-3075
Primary Fax: (415) 925-3070
Mon - Wed 9:00 AM - 5:00 PM
Thu 9:00 AM - 12:30 PM

Brady, Brian M, MD

◆ Internal Medicine
NPI: 1902190721
License: A136657
Gender: Male
Hospital Privileges:
Lucile Packard Children's Hospital
Novato Community Hospital
Estilo, Genevieve Kristina, MD
◆ Nephrology
NPI: 1558560482
License: A111797
Gender: Female
Hospital Privileges: Marin General Hospital

Marin Nephrology

PHC#: 22761
NPI: 1538489109
Available By Referral Only
No Age Limitations
165 Rowland Way Ste 312
Novato, CA 94945
☎
Primary Phone: (415) 925-3075
Primary Fax: (415) 925-3070
Thu 1:30 PM - 5:00 PM

Estilo, Genevieve Kristina, MD

◆ Nephrology
NPI: 1558560482
License: A111797
Gender: Female
Hospital Privileges: Marin General Hospital

Neurology

Marin Headlands Medical Group

Sutter Pacific Medical Foundation
PHC#: 22872
NPI: 1003267196
Available By Referral Only
No Age Limitations
101 Rowland Way Ste 220
Novato, CA 94945
☎, **P,EB,IB,R,E,T**
Level of Access: Basic
Primary Phone: (415) 878-7200
Primary Fax: (415) 878-7201
Mon - Fri 8:00 AM - 5:00 PM

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ **P E B I B R E T**

Revised Date: November 9, 2018

Page 69 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

McCawley, Gwyneth, MD

◆ Internal Medicine
NPI: 1396046595
License: A119230
Gender: Male
Hospital Privileges:
California Pacific Medical
Center-California Campu
California Pacific Medical
Center-Davies Campus
California Pacific Medical
Center-Mission Bernal C
California Pacific Medical
Center-Pacific Campus
Perkins, Nelli Boykoff, MD
◆ Neurology
NPI: 1740592112
License: A117929
Gender: Female
Hospital Privileges:
California Pacific Medical
Center-California Campu
California Pacific Medical
Center-Davies Campus
California Pacific Medical
Center-Mission Bernal C
California Pacific Medical
Center-Pacific Campus

Special Accommodations: Adj. Exam
Tables, Hearing Impaired
Accommodations, Gurney
Accommodations, Hoyer Lift, Medical
Equipment Access, Scales that weigh
up to 400lbs

Neurology Clinic of Marin

PHC#: 15901
NPI: 1518999010
Available By Referral Only
No Age Limitations
50 Red Hill Ave
San Anselmo, CA 94960

Primary Phone: (415) 456-8180
Primary Fax: (415) 453-4898
Mon - Fri 8:00 AM - 5:00 PM

Cokgor, Ilkcan, MD

◆ Neurology
NPI: 1235100603
License: A71057
Gender: Female
Turkish
Hospital Privileges: Marin General
Hospital

Nutrition Services**Marin General Hospital**

PHC#: 2513
NPI: 1396725677
250 Bon Air Rd
Greenbrae, CA 94904
☎
Primary Phone: (415) 925-7000
Mon - Fri 8:00 AM - 5:00 PM

Obstetrics**Maoriello, Michael J., MD**

PHC#: 4253
NPI: 1649283680
Referral Not Required
No Age Limitations
600 Professional Dr Ste 611
Novato, CA 94947
☎
Primary Phone: (415) 897-6089
Primary Fax: (415) 897-4490
Tue, Wed, Fri 8:00 AM - 1:00 PM

Maoriello, Michael J, MD

◆ Obstetrics & Gynecology
NPI: 1649283680
License: A42597
Gender: Male
Spanish
Hospital Privileges: Marin General
Hospital

No referral required for in-network
OB/GYN providers

**Marin City Health and Wellness
Center**

PHC#: 46184
NPI: 1285804948
Referral Not Required
No Age Limitations
630 Drake Ave
Sausalito, CA 94965
☎
Skilled Medical Interpreter Service
Primary Phone: (415) 339-8813
Primary Fax: (415) 339-8814
Mon - Fri 9:00 AM - 5:00 PM

Pierce, Lasha Kim, MD

◆ Obstetrics & Gynecology
NPI: 1679583231
License: A75116
Gender: Female

Special Accommodations: Adj. Exam
Tables, Scales that weigh up to
450lbs

No referral required for in-network
OB/GYN providers

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ **P E B I B R E T**

Revised Date: November 9, 2018

Page 70 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

**Marin Community Clinics -
Campus Clinic**

PHC#: 24122

NPI: 1922303437

Available By Referral Only

No Age Limitations

3260 Kerner Blvd Ste A

San Rafael, CA 94901

♂, P,EB,IB,R,E

Level of Access: Basic

Primary Phone: (415) 448-1500

Primary Fax: (415) 755-2550

Mon - Fri 8:00 AM - 5:00 PM

Bookoff, Charles N, MD

♦ Obstetrics & Gynecology

NPI: 1982664496

License: G21934

Gender: Male

Hospital Privileges: Marin General
Hospital

Byer, Jennifer Ellen Johnson, MD

NPI: 1578838298

License: A119671

Gender: Female

Hospital Privileges: Queen of the
Valley Medical Center

Baurmann, Amelia Grace, CNM

NPI: 1821245952

License: 1863

Gender: Female

Spanish

Bishop, Joleen Diane, NP

NPI: 1295737435

License: 21702

Gender: Female

Hwang, Carolyn Rayburn, CNM

NPI: 1588033054

License: 235803

Gender: Female

Lance, Erinn Burke, CNM

NPI: 1306955414

License: 1380

Gender: Female

Spanish

Reppun, Ann, NP

NPI: 1831200864

License: 11084

Gender: Female

Spanish

Special Accommodations: Adj. Exam
Tables, Hearing Impaired
Accommodations, Scales that weigh
up to 440lbs

No referral required for in-network for
OB/GYN providers

**Marin Community Clinics -
Larkspur Clinic**

PHC#: 5931

NPI: 1912091018

Available By Referral Only

No Age Limitations

5 Bon Air Rd Ste 117

Larkspur, CA 94939

♂, P,EB,IB

Level of Access: Limited

Primary Phone: (415) 448-1500

Primary Fax: (415) 448-1505

Mon - Fri 8:00 AM - 5:00 PM

Cromar, Jennifer Horch, CNM

NPI: 1134209927

License: 1580

Gender: Female

Reppun, Ann, NP

NPI: 1831200864

License: 11084

Gender: Female

Spanish

Special Accommodations: Adj. Exam
Tables, Scales that weigh up to
350lbs

No referral required for in-network
OB/GYN providers

**Marin Community Clinics - South
Novato Clinic**

PHC#: 38385

NPI: 1912091018

Available By Referral Only

No Age Limitations

6090 Redwood Blvd

Novato, CA 94945

♂

Primary Phone: (415) 448-1500

Primary Fax: (415) 798-3198

Mon - Fri 8:00 AM - 5:00 PM

Shaw, Elizabeth Anne, MD

♦ Family Medicine

NPI: 1740443555

License: A107652

Gender: Female

Spanish

Special Accommodations: Adj. Exam
Tables, Scales that weigh up to
750lbs

No referral required for in-network
OB/GYN providers

Prima Medical Group

PHC#: 24112

NPI: 1609157734

Referral Not Required

No Age Limitations

100A Drakes Landing Rd Ste 225

Greenbrae, CA 94904

♂

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

♦ = Board Certified ♂ = Trained in Cultural Competency. See Page 16 for a description of codes: ♂ P E B I B R E T

Revised Date: November 9, 2018

Page 71 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Primary Phone: (415) 461-7800
Primary Fax: (415) 461-8619
Mon - Fri 8:00 AM - 5:00 PM

Brown, Elizabeth Rachel, DO

NPI: 1215281019
License: 20A12407
Gender: Female
Hospital Privileges: Marin General Hospital

Cardellini, Alexis April, MD

◆ Obstetrics & Gynecology
NPI: 1922242858
License: A107104
Gender: Female
Hospital Privileges: Marin General Hospital

DeMuth, Brian E, MD

◆ Obstetrics & Gynecology
NPI: 1770553950
License: G60223
Gender: Male
Hospital Privileges: Marin General Hospital

Flores, Sylvia Jean, MD

◆ Obstetrics & Gynecology
NPI: 1114904307
License: G75624
Gender: Female
Spanish
Hospital Privileges: Marin General Hospital

Jaeger, Amber Lynn, MD

NPI: 1326281023
License: A125989
Gender: Female

Matsik, Kristen Marxen, MD

◆ Obstetrics & Gynecology
NPI: 1295807022
License: A71395
Gender: Female
Hospital Privileges: Marin General Hospital

Pathi, Sujatha, MD

◆ Female Pelvic Medicine & Reconstructive Surgery
◆ Obstetrics & Gynecology
NPI: 1639353279
License: A95639
Gender: Female
Hospital Privileges: Marin General Hospital

Voss, Kirsten Jennifer, MD

◆ Obstetrics & Gynecology
NPI: 1740267939
License: A74954
Gender: Female
Spanish
Hospital Privileges: Marin General Hospital

Wilner, Gerald Paul, MD

◆ Obstetrics & Gynecology
NPI: 1285730275
License: G20943
Gender: Male
Hospital Privileges: Marin General Hospital

Davis, Mary Newberry, CNM

NPI: 1588815534
License: 1505
Gender: Female

Ely, Rachel E, CNM

NPI: 1447763867
License: 235907
Gender: Female
Spanish

Graven, Susan Frances, CNM

NPI: 1255425096
License: 1266
Gender: Female

Matteo, Sheri Ann, CNM

NPI: 1538216890
License: 1641
Gender: Female

Staehilin, Melanie B, CNM

NPI: 1588167563
License: 235918
Gender: Female

Wice, Melanie S, CNM

NPI: 1750484929
License: 937

Gender: Female

Wight, Linda Carol, NP

NPI: 1962563627
License: 265054
Gender: Female

No referral required for in-network OB/GYN providers

Prima Medical Group

PHC#: 33778

NPI: 1033503446

Referral Not Required

No Age Limitations
75 Rowland Way Ste 275
Novato, CA 94945



Primary Phone: (415) 461-7800
Primary Fax: (415) 461-8619
Mon - Fri 9:00 AM - 5:00 PM

Brown, Elizabeth Rachel, DO

NPI: 1215281019
License: 20A12407
Gender: Female
Hospital Privileges: Marin General Hospital

Cardellini, Alexis April, MD

◆ Obstetrics & Gynecology
NPI: 1922242858
License: A107104
Gender: Female
Hospital Privileges: Marin General Hospital

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ⓘ = Trained in Cultural Competency. See Page 16 for a description of codes: ⓘ **P E B I B R E T**

Revised Date: November 9, 2018

Page 72 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

DeMuth, Brian E, MD

◆ Obstetrics & Gynecology
NPI: 1770553950
License: G60223
Gender: Male
Hospital Privileges: Marin General Hospital

Flores, Sylvia Jean, MD

◆ Obstetrics & Gynecology
NPI: 1114904307
License: G75624
Gender: Female
Spanish
Hospital Privileges: Marin General Hospital

Jaeger, Amber Lynn, MD

NPI: 1326281023
License: A125989
Gender: Female

Voss, Kirsten Jennifer, MD

◆ Obstetrics & Gynecology
NPI: 1740267939
License: A74954
Gender: Female
Spanish
Hospital Privileges: Marin General Hospital

Wilner, Gerald Paul, MD

◆ Obstetrics & Gynecology
NPI: 1285730275
License: G20943
Gender: Male
Hospital Privileges: Marin General Hospital

No referral required for in-network OB/GYN providers

Occupational Therapy**Lodi Memorial Hospital****PHC#: 1379**

NPI: 1316938301
975 South Fairmont Ave
Lodi, CA 95240
☎
Primary Phone: (209) 334-3411
Primary Fax: (209) 333-3160
www.adventisthealth.org/
lodimemorial
Mon - Thu 7:00 AM - 5:30 PM
Fri 7:00 AM - 4:30 PM

Oncology**Marin Cancer Care, Inc.****PHC#: 23139**

NPI: 1629370499
Available By Referral Only
No Age Limitations
1350 S Eliseo Dr Ste 200
Greenbrae, CA 94904
☎, P,EB

Level of Access: Limited
Primary Phone: (415) 925-5000
Primary Fax: (415) 925-5050
Mon - Fri 9:00 AM - 5:00 PM

Anderson, Kristin Nicole, MD

◆ Hematology
◆ Internal Medicine
◆ Medical Oncology
NPI: 1962732354
License: A117104
Gender: Female
Hospital Privileges: Marin General Hospital

Galligan, Barbara Marie, MD

◆ Hematology
◆ Internal Medicine
◆ Medical Oncology
NPI: 1679896013
License: A116627
Gender: Female
Spanish
Hospital Privileges: Novato Community Hospital

Lucas, Jennifer Barbara, MD

◆ Medical Oncology
NPI: 1619078979
License: A62799
Gender: Female
Hospital Privileges: Marin General Hospital

Metzger, Alex Samuel, MD

◆ Hematology
◆ Medical Oncology
NPI: 1821070590
License: A79556
Gender: Male
Spanish
Hospital Privileges: Marin General Hospital

Marin Cancer Care, Inc.**PHC#: 23233**

NPI: 1629370499
Available By Referral Only
No Age Limitations
165 Rowland Way Ste 208
Novato, CA 94945
☎, P,EB,IB,E
Level of Access: Limited
Primary Phone: (415) 925-5000
Primary Fax: (415) 925-5050
Mon - Fri 8:00 AM - 5:00 PM

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ P EB IB R E T

Revised Date: November 9, 2018

Page 73 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Metzger, Alex Samuel, MD

◆ Hematology
◆ Medical Oncology
NPI: 1821070590
License: A79556
Gender: Male
Spanish
Hospital Privileges: Marin General Hospital

Ophthalmology

Nickel, Bonnie Lynn, MD**PHC#: 4146**

NPI: 1881874709

Available By Referral Only

No Age Limitations

750 Las Gallinas Ave Ste 114

San Rafael, CA 94903



Primary Phone: (415) 492-0950

Primary Fax: (415) 492-9029

Mon, Tue, Fri - Sun 2:00 PM - 5:00 PM

Nickel, Bonnie Lynn, MD

◆ Ophthalmology
NPI: 1881874709
License: G36248
Gender: Female
Hospital Privileges: Marin General Hospital

West Coast Retina Medical Group, Inc.

PHC#: 24015

NPI: 1053389064

Available By Referral Only

No Age Limitations

100 Tamal Vista Plaza Ste 120

Corte Madera, CA 94925



Primary Phone: (415) 927-6600

Primary Fax: (415) 924-2069

Mon - Wed, Fri 9:00 AM - 4:00 PM

Agarwal, Anita, MD

◆ Ophthalmology

NPI: 1508940628

License: C143103

Gender: Female

Hindi, Kannada

Chen, Judy Ju-Yi, MD

NPI: 1265875611

License: A141948

Gender: Female

Mandarin, Spanish

Fu, Arthur Devin, MD

◆ Ophthalmology

NPI: 1609844604

License: A76165

Gender: Male

Chinese

Hospital Privileges: California Pacific

Medical Center-California Campu

McDonald, Henry Richard, MD

◆ Ophthalmology

NPI: 1720056567

License: G45366

Gender: Male

West Coast Retina Medical Group, Inc.

PHC#: 2976

NPI: 1053389064

Available By Referral Only

No Age Limitations

1445 Bush St

San Francisco, CA 94109



Primary Phone: (415) 972-4600

Primary Fax: (415) 975-0867

Mon - Fri 8:00 AM - 5:00 PM

Agarwal, Anita, MD

◆ Ophthalmology

NPI: 1508940628

License: C143103

Gender: Female

Hindi, Kannada

Chen, Judy Ju-Yi, MD

NPI: 1265875611

License: A141948

Gender: Female

Mandarin, Spanish

Cunningham Jr, Emmett Thomas, MD

◆ Ophthalmology

NPI: 1083706261

License: A51186

Gender: Male

Hospital Privileges:

California Pacific Medical

Center-California Campu

California Pacific Medical

Center-Davies Campus

California Pacific Medical

Center-Mission Bernal C

California Pacific Medical

Center-Pacific Campus

Fu, Arthur Devin, MD

◆ Ophthalmology

NPI: 1609844604

License: A76165

Gender: Male

Chinese

Hospital Privileges: California Pacific

Medical Center-California Campu

Johnson, Robert Norman, MD

◆ Ophthalmology

NPI: 1558339747

License: G52144

Gender: Male

Hospital Privileges: Alta Bates

Medical Center Alta Bates Campus

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified = Trained in Cultural Competency. See Page 16 for a description of codes: **P E B I B R E T**

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Jumper, James Michael, MD

◆ Ophthalmology
NPI: 1609844687
License: A52949
Gender: Male

McDonald, Henry Richard, MD

◆ Ophthalmology
NPI: 1720056567
License: G45366
Gender: Male

William V. Good, MD**PHC#: 18450**

NPI: 1699866327

Available By Referral Only

No Age Limitations
100 Tamal Plaza Ste 120
Corte Madera, CA 94925
♿
Primary Phone: (415) 924-4313
Primary Fax: (415) 924-2069
Mon - Sun By Appointment Only

Good, William Vance, MD 🌐

◆ Ophthalmology
◆ Psychiatry
NPI: 1699866327
License: G53692
Gender: Male
French

Hospital Privileges:
California Pacific Medical
Center-California Campu
California Pacific Medical
Center-Davies Campus
California Pacific Medical
Center-Mission Bernal C
California Pacific Medical
Center-Pacific Campus

William V. Good, MD**PHC#: 18450**

NPI: 1699866327

Available By Referral Only

No Age Limitations
2340 Clay St Ste 100
San Francisco, CA 94115
♿
Primary Phone: (415) 202-1500
Primary Fax: (415) 929-7948
Mon, Wed 1:00 PM - 5:00 PM

Good, William Vance, MD 🌐

◆ Ophthalmology
◆ Psychiatry
NPI: 1699866327
License: G53692
Gender: Male
French
Hospital Privileges:
California Pacific Medical
Center-California Campu
California Pacific Medical
Center-Davies Campus
California Pacific Medical
Center-Mission Bernal C
California Pacific Medical
Center-Pacific Campus

Orthopaedic Surgery**Lawler, Mark S., MD**

Marin Orthopedics and Sports
Medicine

PHC#: 15916

NPI: 1750511440

Available By Referral Only

No Age Limitations
7100 Redwood Blvd Ste 200
Novato, CA 94945
♿

Primary Phone: (415) 492-1600

Primary Fax: (415) 492-1688

Mon - Fri 9:00 AM - 5:00 PM

Lawler, Mark Shannon, MD

◆ Orthopaedic Surgery

NPI: 1235238130

License: A69218

Gender: Male

Hospital Privileges: Novato

Community Hospital

**Marin Community Clinics -
Campus Clinic****PHC#: 24122**

NPI: 1922303437

Available By Referral Only

No Age Limitations
3260 Kerner Blvd Ste A
San Rafael, CA 94901
♿, P,EB,IB,R,E
Level of Access: Basic
Primary Phone: (415) 448-1500
Primary Fax: (415) 755-2550
Mon - Fri 8:00 AM - 5:00 PM

Special Accommodations: Adj. Exam
Tables, Hearing Impaired
Accommodations, Scales that weigh
up to 440lbs

No referral required for in-network for
OB/GYN providers

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency. See Page 16 for a description of codes: ♿ P EB IB R E T

Revised Date: November 9, 2018

Page 75 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

**Marin Community Clinics -
Larkspur Clinic**

PHC#: 5931

NPI: 1912091018

Available By Referral Only

No Age Limitations
5 Bon Air Rd Ste 117
Larkspur, CA 94939

♿, P,EB,IB

Level of Access: Limited
Primary Phone: (415) 448-1500
Primary Fax: (415) 448-1505
Mon - Fri 8:00 AM - 5:00 PM

Eapen, Sarah Ellen, PA-C

NPI: 1063947174

License: 54097

Gender: Female

Special Accommodations: Adj. Exam
Tables, Scales that weigh up to
350lbs

No referral required for in-network
OB/GYN providers

**Marin Community Clinics -
Novato Clinic**

PHC#: 18385

NPI: 1003900101

Available By Referral Only

No Age Limitations
6100 Redwood Blvd
Novato, CA 94945
♿
Primary Phone: (415) 448-1500
Primary Fax: (415) 798-3198
Mon - Thu 8:00 AM - 7:00 PM
Fri 8:00 AM - 5:00 PM

Eapen, Sarah Ellen, PA-C

NPI: 1063947174

License: 54097

Gender: Female

Special Accommodations: Adj. Exam
Tables, Scales that weigh up to
440lbs

**Marin Community Clinics - San
Rafael Clinic**

PHC#: 22856

NPI: 1154503399

Available By Referral Only

No Age Limitations
3110 Kerner Blvd
San Rafael, CA 94901
♿, P,EB,IB,E
Level of Access: Limited
Primary Phone: (415) 448-1500
Primary Fax: (415) 526-8553
Mon - Fri 8:00 AM - 7:00 PM
Sat 8:00 AM - 4:00 PM

Eapen, Sarah Ellen, PA-C

NPI: 1063947174

License: 54097

Gender: Female

Special Accommodations: Adj. Exam
Tables, Scales that weigh up to
440lbs

No referral required for in-network
OB/GYN providers

**Marin Community Clinics - South
Novato Clinic**

PHC#: 38385

NPI: 1912091018

Available By Referral Only

No Age Limitations
6090 Redwood Blvd
Novato, CA 94945
♿
Primary Phone: (415) 448-1500
Primary Fax: (415) 798-3198
Mon - Fri 8:00 AM - 5:00 PM

Eapen, Sarah Ellen, PA-C

NPI: 1063947174

License: 54097

Gender: Female

Special Accommodations: Adj. Exam
Tables, Scales that weigh up to
750lbs

No referral required for in-network
OB/GYN providers

**Mt. Tam Orthopedics, A Medical
Center, Inc.**

PHC#: 18151

NPI: 1497701767

Available By Referral Only

No Age Limitations
18 Bon Air Rd
Larkspur, CA 94939
♿
Primary Phone: (415) 927-5300
Primary Fax: (415) 927-6860
Mon - Fri 8:00 AM - 5:00 PM

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ♿ = Trained in Cultural Competency. See Page 16 for a description of codes: ♿ P E B I B R E T

Revised Date: November 9, 2018

Page 76 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Byers, Robert Henry, MD

◆ Orthopaedic Surgery
NPI: 1750338729
License: G41030
Gender: Male
Hospital Privileges: Marin General Hospital

Dailey, Elizabeth Ann, MD

NPI: 1013172113
License: A132012
Gender: Female
Hospital Privileges: Marin General Hospital

Goff, Jonathan Robert, MD

◆ Orthopaedic Surgery
NPI: 1689629388
License: C52729
Gender: Male
Hospital Privileges: Marin General Hospital

Goltz, David Henry, MD

◆ Orthopaedic Surgery
NPI: 1104879014
License: G85091
Gender: Male
Hospital Privileges: Marin General Hospital

Hellman, Michael David, MD

NPI: 1114214970
License: A149738
Gender: Male
Hospital Privileges: Marin General Hospital

Kennedy, Abbey Lynn, MD

◆ Orthopaedic Surgery
NPI: 1013093327
License: A111548
Gender: Female
Hospital Privileges: Marin General Hospital

Kim, Paul Hyon-Uk, MD

NPI: 1265673297
License: A134000
Gender: Male
Hospital Privileges: Marin General Hospital

Kim, Thomas Jin, MD

NPI: 1003105032
License: A149934
Gender: Male
Korean
Hospital Privileges: Marin General Hospital

Oechsel, Michael J, MD

◆ Orthopaedic Surgery
NPI: 1235186206
License: G58898
Gender: Male
Hospital Privileges: Marin General Hospital

Su, Brian Wei-En, MD

◆ Orthopaedic Surgery
NPI: 1063690782
License: A109113
Gender: Male
Hospital Privileges: Marin General Hospital

Eapen, Sarah Ellen, PA-C

NPI: 1063947174
License: 54097
Gender: Female

Strahm, Kathleen Irene, PA-C

NPI: 1003286360
License: 52793
Gender: Female

Mt. Tam Orthopedics, A Medical Center, Inc.**PHC#: 23738**

NPI: 1356546535
Available By Referral Only

No Age Limitations
2 Bon Air Rd Ste 120
Larkspur, CA 94939
☎
Primary Phone: (415) 927-5300
Primary Fax: (415) 927-6860
Mon - Fri 8:00 AM - 5:00 PM

Byers, Robert Henry, MD

◆ Orthopaedic Surgery
NPI: 1750338729
License: G41030
Gender: Male
Hospital Privileges: Marin General Hospital

Kim, Thomas Jin, MD

NPI: 1003105032
License: A149934
Gender: Male
Korean
Hospital Privileges: Marin General Hospital

Sponzilli, Ernest Henry, MD

◆ Pain Medicine
◆ Physical Medicine & Rehabilitation
NPI: 1497709984
License: G78425
Gender: Male
Hospital Privileges: Marin General Hospital

Elvin, Lisa V, ANP

NPI: 1083746887
License: 8864
Gender: Female

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ **P E B I B R E T**

Revised Date: November 9, 2018

Page 77 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Solomon, Daniel J., MD

Marin Orthopedics and Sports
Medicine

PHC#: 21401

NPI: 1023243359

Available By Referral Only

No Age Limitations

7100 Redwood Blvd Ste 200

Novato, CA 94945



Primary Phone: (415) 492-1600

Primary Fax: (415) 492-1688

Mon - Fri 9:00 AM - 5:00 PM

Solomon, Daniel Jordan, MD

◆ Orthopaedic Surgery

◆ Sports Medicine - Orthopaedic

NPI: 1013989136

License: A54759

Gender: Male

Hospital Privileges: Novato

Community Hospital

Weiss Orthopaedics

PHC#: 46131

NPI: 1700150794

Available By Referral Only

No Age Limitations

100 Rowland Way Ste 200

Novato, CA 94945

Primary Phone: (415) 878-0300

Primary Fax: (415) 878-0301

Mon - Fri 9:00 AM - 5:00 PM

Weiss, Noah Daniel, MD

◆ Orthopaedic Surgery

NPI: 1225126444

License: G70397

Gender: Male

Hospital Privileges: Sonoma Valley

Hospital

Orthotics Prosthetics**Biohorizon Medical**

PHC#: 24020

NPI: 1083690127

3882 Del Amo Blvd Ste 604

Torrance, CA 90503



Primary Phone: (866) 914-5159

Primary Fax: (866) 914-6699

Mon - Fri 8:00 AM - 5:00 PM

Hanger Prosthetics & Orthotics

PHC#: 14722

NPI: 1538233416

88 Rowland Way Ste 175

Novato, CA 94945



Primary Phone: (415) 892-1502

Primary Fax: (415) 892-1907

Mon - Fri 8:00 AM - 5:00 PM

Hanger Prosthetics & Orthotics

PHC#: 12384

NPI: 1518975861

2761 Geary Blvd

San Francisco, CA 94118



Primary Phone: (415) 346-9120

Primary Fax: (415) 346-9135

Mon - Fri 8:00 AM - 5:00 PM

Hanger Prosthetics & Orthotics

PHC#: 22535

NPI: 1316011463

654 N El Camino Real

San Mateo, CA 94401



Primary Phone: (650) 343-4504

Primary Fax: (650) 343-4573

Mon - Fri 8:00 AM - 5:00 PM

Harbor Medical Supply

PHC#: 9696

NPI: 1720117203

2917 W Capitol Ave

West Sacramento, CA 95691



Primary Phone: (916) 372-8766

Primary Fax: (916) 372-1750

Mon - Fri 8:00 AM - 5:00 PM

**Pacific Medical Prosthetics and
Orthotics - Midtown Sacramento**

PHC#: 21238

NPI: 1326048893

3001 L St

Sacramento, CA 95816



Primary Phone: (916) 706-1520

Primary Fax: (916) 706-1551

Mon - Fri 8:00 AM - 5:00 PM

**Pediatric Orthotic and Prosthetic
Services - West, LLC**

PHC#: 25591

NPI: 1811213549

2425 Stockton Blvd Ste 236

Sacramento, CA 95817



Primary Phone: (916) 453-2170

Primary Fax: (916) 453-5024

Mon - Fri 8:00 AM - 5:00 PM

Support Care Services

PHC#: 6185

NPI: 1043390198

251 Shaw Rd

South San Francisco, CA 94080



Primary Phone: (650) 615-9357

Primary Fax: (650) 615-9358

Mon - Fri 9:00 AM - 5:00 PM

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ **P E B I B R E T**

Revised Date: November 9, 2018

Page 78 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Thrive Prosthetics**PHC#: 46868**

NPI: 1699227009

6600 Coyle Ave Ste 2

Carmichael, CA 95608

Primary Phone: (916) 671-3417

Primary Fax: (916) 241-9344

Mon - Fri 8:30 AM - 5:00 PM

Otolaryngology**Cartwright, Wade, MD****PHC#: 9690**

NPI: 1376643254

Available By Referral Only

No Age Limitations

411 30th St Ste 401

Oakland, CA 94609



Primary Phone: (510) 834-6642

Primary Fax: (510) 834-3115

Mon - Fri 8:00 AM - 4:00 PM

Cartwright, Wade Randall, MD

◆ Otolaryngology

NPI: 1376643254

License: G26221

Gender: Male

Hospital Privileges: Children's

Hospital Oakland

Palliative Medicine**Continuum Care Hospice****PHC#: 36551**

NPI: 1467859900

Available By Referral Only

No Age Limitations

2300 Clayton Rd Ste 1220

Concord, CA 94520



Primary Phone: (707) 540-9838

Primary Fax: (510) 722-8548

Mon - Sat 8:30 AM - 5:00 PM

Hospice by the Bay**PHC#: 18647**

NPI: 1255381547

Available By Referral Only

No Age Limitations

17 E Sir Francis Drake Blvd

Larkspur, CA 94939



Primary Phone: (415) 927-2273

Primary Fax: (888) 958-7460

24 Hours 7 Days a Week

Special Accommodations: Hoyer Lift

Pediatric Ophthalmology**Nickel, Bonnie Lynn, MD****PHC#: 4146**

NPI: 1881874709

Available By Referral Only

No Age Limitations

750 Las Gallinas Ave Ste 114

San Rafael, CA 94903



Primary Phone: (415) 492-0950

Primary Fax: (415) 492-9029

Mon, Tue, Fri - Sun 2:00 PM - 5:00 PM

Nickel, Bonnie Lynn, MD

◆ Ophthalmology

NPI: 1881874709

License: G36248

Gender: Female

Hospital Privileges: Marin General

Hospital

**Physical Medicine
Rehabilitation****Kelly, Holly, MD, Inc.****PHC#: 23159**

NPI: 1619076528

Available By Referral Only

No Age Limitations

7100 Redwood Blvd Ste 200

Novato, CA 94945



Primary Phone: (415) 492-1600

Primary Fax: (415) 492-1688

Mon - Fri 9:00 AM - 5:00 PM

Kelly, Holly Creighton, MD

◆ Pain Medicine

◆ Physical Medicine & Rehabilitation

NPI: 1619076528

License: A72149

Gender: Female

**Mt. Tam Orthopedics, A Medical
Center, Inc.****PHC#: 23738**

NPI: 1356546535

Available By Referral Only

No Age Limitations

2 Bon Air Rd Ste 120

Larkspur, CA 94939



Primary Phone: (415) 927-5300

Primary Fax: (415) 927-6860

Mon - Fri 8:00 AM - 5:00 PM

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified = Trained in Cultural Competency. See Page 16 for a description of codes: **P E B I B R E T**

Revised Date: November 9, 2018

Page 79 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Sponzilli, Ernest Henry, MD

◆ Pain Medicine
◆ Physical Medicine & Rehabilitation
NPI: 1497709984
License: G78425
Gender: Male
Hospital Privileges: Marin General Hospital

Physical Therapy**Lodi Memorial Hospital**

PHC#: 1379
NPI: 1316938301
975 South Fairmont Ave
Lodi, CA 95240
☎
Primary Phone: (209) 334-3411
Primary Fax: (209) 333-3160
www.adventisthealth.org/lodimemorial
Mon - Thu 7:00 AM - 5:30 PM
Fri 7:00 AM - 4:30 PM

Marin General Hospital

PHC#: 2513
NPI: 1396725677
250 Bon Air Rd
Greenbrae, CA 94904
☎
Primary Phone: (415) 925-7000
Mon - Fri 8:00 AM - 5:00 PM

Novato Community Hospital

PHC#: 1990
NPI: 1104059153
180 Rowland Way
Novato, CA 94945
☎

Primary Phone: (415) 209-1300
Primary Fax: (415) 209-1321
Mon - Fri 8:00 AM - 5:00 PM

Plastic Reconstructive Surgery**Mohebbali, Khashayar, MD**

PHC#: 29116
NPI: 1881030484
Available By Referral Only
No Age Limitations
21 Tamal Vista Blvd Ste 103
Corte Madera, CA 94925
☎
Primary Phone: (415) 927-7660
Primary Fax: (415) 927-7663
Mon - Fri 9:00 AM - 5:00 PM

Mohebbali, Khashayar, MD

◆ Plastic Surgery
NPI: 1437331360
License: A94434
Gender: Male
Farsi
Hospital Privileges: Marin General Hospital

Plastic Surgery Specialist

PHC#: 23957
NPI: 1184801854
Available By Referral Only
No Age Limitations
350 Bon Air Road Ste 300
Greenbrae, CA 94904
☎
Primary Phone: (415) 925-2880
Primary Fax: (415) 925-2884
Mon - Thu 9:00 AM - 5:00 PM
Fri 9:00 AM - 3:00 PM

Hvistendahl, Yngvar Alan, MD

◆ Plastic Surgery
NPI: 1639280001
License: A60614
Gender: Male
Hospital Privileges: Marin General Hospital

Sieber Plastic Surgery

PHC#: 42531
NPI: 1154785970
Available By Referral Only
No Age Limitations
450 Sutter St Ste 2630
San Francisco, CA 94108
☎
Primary Phone: (415) 915-9000
Primary Fax: (415) 915-3000
Mon - Fri 8:00 AM - 5:00 PM

Sieber, David Andrew, MD

◆ Surgery
NPI: 1760645022
License: A141200
Gender: Male
Hospital Privileges: Marin General Hospital

Podiatry**Bolinas Community Health Center**


Coastal Health Alliance
PHC#: 9896
NPI: 1760584049
Available By Referral Only
No Age Limitations
88 Mesa Rd
Bolinas, CA 94924
☎, P,EB,IB,E
Level of Access: Limited
Skilled Medical Interpreter Service

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ P EB IB R E T


PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Primary Phone: (415) 663-8666
Primary Fax: (415) 663-9532
Mon, Wed, Thu 9:00 AM - 5:00 PM

Schiller, Richard Melvyn, DPM 
NPI: 1457459109
License: E1518
Gender: Male


Special Accommodations: Adj. Exam
Tables, Hearing Impaired
Accommodations, Gurney
Accommodations, Scales that weigh
up to 400lbs

Davis, Russell C., DPM

PHC#: 24361
NPI: 1376644799
Available By Referral Only
No Age Limitations
1000 S Eliseo Dr Ste 102
Greenbrae, CA 94904

Primary Phone: (415) 927-3338
Primary Fax: (415) 927-3170
Mon - Fri 8:00 AM - 5:00 PM

Davis, Russell C, DPM
NPI: 1376644799
License: E2804
Gender: Male
Hospital Privileges: Sutter Solano
Medical Center

Drucker, Mark, DPM


PHC#: 27396
NPI: 1952607657
Available By Referral Only
No Age Limitations
750 Las Gallinas Ave Ste 115
San Rafael, CA 94903


Primary Phone: (415) 472-5575
Primary Fax: (415) 472-0502
Mon, Tue 8:00 AM - 5:00 PM
Fri 8:00 AM - 12:00 PM

Drucker, Mark, DPM

◆ Podiatrist
NPI: 1720013550
License: 1561
Gender: Male
Hospital Privileges: Marin General
Hospital


Elmi, Eman, DPM

PHC#: 37437
NPI: 1073930343
Available By Referral Only
No Age Limitations
7 North Knoll Rd Ste 3
Mill Valley, CA 94941

Primary Phone: (415) 388-2777
Primary Fax: (415) 233-7133
Mon - Fri 9:00 AM - 5:00 PM

Elmi, Eman, DPM

NPI: 1073930343
License: 5179
Gender: Male
Farsi
Hospital Privileges: Marin General
Hospital

**Foot and Ankle Specialists of
Marin**


PHC#: 25254
NPI: 1790968618
Available By Referral Only
No Age Limitations
599 Sir Francis Drake Blvd Ste 207
Greenbrae, CA 94904


Primary Phone: (415) 461-6555
Primary Fax: (415) 461-6556
Mon, Thu, Fri 8:30 AM - 4:00 PM
Tue 8:30 AM - 12:00 PM
Wed 1:30 PM - 5:00 PM

Fedrigio, Anthony James, DPM

◆ Surgery, Foot
NPI: 1962407882
License: 4298
Gender: Male
Hospital Privileges: Marin General
Hospital



**Foot and Ankle Specialists of
Marin**

PHC#: 36681
NPI: 1790968618
Available By Referral Only
No Age Limitations
1704 Novato Blvd
Novato, CA 94947

Primary Phone: (415) 331-4500
Primary Fax: (415) 331-9035
Tue 1:30 PM - 5:00 PM

Fedrigio, Anthony James, DPM

◆ Surgery, Foot
NPI: 1962407882
License: 4298
Gender: Male
Hospital Privileges: Marin General
Hospital

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified  = Trained in Cultural Competency. See Page 16 for a description of codes:  **P E B I B R E T**

Revised Date: November 9, 2018

Page 81 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

**Marin Community Clinics -
Campus Clinic**

PHC#: 24122

NPI: 1922303437

Available By Referral Only

No Age Limitations
3260 Kerner Blvd Ste A
San Rafael, CA 94901

☎, P,EB,IB,R,E

Level of Access: Basic
Primary Phone: (415) 448-1500
Primary Fax: (415) 755-2550
Mon - Fri 8:00 AM - 5:00 PM

Special Accommodations: Adj. Exam
Tables, Hearing Impaired
Accommodations, Scales that weigh
up to 440lbs

No referral required for in-network for
OB/GYN providers

**Marin Community Clinics - San
Rafael Clinic**

PHC#: 22856

NPI: 1154503399

Available By Referral Only

No Age Limitations
3110 Kerner Blvd
San Rafael, CA 94901

☎, P,EB,IB,E

Level of Access: Limited
Primary Phone: (415) 448-1500
Primary Fax: (415) 526-8553
Mon - Fri 8:00 AM - 7:00 PM
Sat 8:00 AM - 4:00 PM

Special Accommodations: Adj. Exam
Tables, Scales that weigh up to
440lbs

No referral required for in-network
OB/GYN providers

**Point Reyes Community Health
Center**

Coastal Health Alliance

PHC#: 10747

NPI: 1053420844

Available By Referral Only

No Age Limitations
3 Sixth St
Point Reyes, CA 94956

☎

Skilled Medical Interpreter Service
Primary Phone: (415) 663-8666
Primary Fax: (415) 663-9532
Mon - Sat 9:00 AM - 5:00 PM

Schiller, Richard Melvyn, DPM 🌐

NPI: 1457459109

License: E1518

Gender: Male

Special Accommodations: Adj. Exam
Tables, Hearing Impaired
Accommodations, Gurney
Accommodations, Scales that weigh
up to 400lbs

**San Francisco Foot and Ankle
Center**

PHC#: 44287

NPI: 1770636045

Available By Referral Only

No Age Limitations
165 Rowland Way Ste 206
Novato, CA 94945

☎

Primary Phone: (415) 898-9818
Primary Fax: (415) 892-3475
Mon, Tue, Thu 9:00 AM - 5:00 PM
Fri 9:00 AM - 12:00 PM

Park, Sarah JeanYoung, DPM

NPI: 1306252929

License: E5336

Gender: Female

Hospital Privileges: Novato
Community Hospital

Pulmonary Disease

Prima Medical Group

PHC#: 23679

NPI: 1548258106

Available By Referral Only

No Age Limitations
1100 Larkspur Landing Cir Ste 10
Larkspur, CA 94939

☎, P,EB,IB,R

Level of Access: Limited
Primary Phone: (415) 924-1214
Primary Fax: (415) 924-1375
Mon - Fri 8:00 AM - 5:30 PM

Livnat, Guy Shir, MD

♦ Critical Care Medicine - Internal
Medicine

♦ Pulmonary Disease

NPI: 1881682656

License: A80455

Gender: Male

Hebrew

Hospital Privileges: Marin General
Hospital

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

♦ = Board Certified 🌐 = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ P EB IB R E T

Revised Date: November 9, 2018

Page 82 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Nisam, Merrill Ralph, MD

◆ Critical Care Medicine - Internal Medicine
◆ Internal Medicine
◆ Pulmonary Disease
NPI: 1205824067
License: G45217
Gender: Male
French
Hospital Privileges: Marin General Hospital

Special Accommodations: Adj. Exam Tables, Hearing Impaired
Accommodations, Scales that weigh up to 500lbs

Radiation Oncology**Marin Cancer Care, Inc.**

PHC#: 23234
NPI: 1629370499
Available By Referral Only
No Age Limitations
1350 S Eliseo Dr Ste 100
Greenbrae, CA 94904
☎
Primary Phone: (415) 925-7326
Primary Fax: (415) 925-7333
Mon - Fri 9:00 AM - 5:00 PM

Chang, Jennifer Shih-Yi, MD ☎

◆ Radiation Oncology
NPI: 1346535044
License: A123741
Gender: Female
Hospital Privileges: Marin General Hospital

Radiology**Health Diagnostics of California, LLC - San Rafael**

PHC#: 20302
NPI: 1699706648
4144 Redwood Hwy Ste B
San Rafael, CA 94903
☎
Primary Phone: (415) 479-9907
Primary Fax: (415) 479-9908
Mon - Fri 7:00 AM - 4:00 PM

Lodi Memorial Hospital

PHC#: 1379
NPI: 1316938301
975 South Fairmont Ave
Lodi, CA 95240
☎
Primary Phone: (209) 334-3411
Primary Fax: (209) 333-3160
www.adventisthealth.org/lodimemorial
Mon - Thu 7:00 AM - 5:30 PM
Fri 7:00 AM - 4:30 PM

Marin Headlands Medical Group

Sutter Pacific Medical Foundation
PHC#: 44643
NPI: 1003267196
Available By Referral Only
No Age Limitations
4000 Civic Center Dr Ste 209
San Rafael, CA 94903
☎, **P,EB,IB,R,E,T**
Primary Phone: (415) 492-4840
Primary Fax: (415) 492-4841
Mon - Fri 7:00 AM - 7:00 PM
Sat, Sun 9:00 AM - 5:00 PM

Palo Alto Medical Foundation

PHC#: 3483
NPI: 1013950807
Available By Referral Only
No Age Limitations
2340 Clay St Ste 114
San Francisco, CA 94115
☎
Primary Phone: (415) 600-1051
Primary Fax: (415) 474-0703
Mon - Fri 9:00 AM - 5:30 PM
Sat 9:00 AM - 12:00 PM

Sleep Medicine**REM Sleep Diagnostics, Inc.**

PHC#: 17006
NPI: 1316056195
750 Mason St Ste 205
Vacaville, CA 95688
☎
Primary Phone: (707) 469-8400
Primary Fax: (707) 469-8469
Mon - Fri 8:30 AM - 5:00 PM

Speech Therapy**Marin General Hospital**

PHC#: 2513
NPI: 1396725677
250 Bon Air Rd
Greenbrae, CA 94904
☎
Primary Phone: (415) 925-7000
Mon - Fri 8:00 AM - 5:00 PM

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified ☎ = Trained in Cultural Competency. See Page 16 for a description of codes: ☎ **P EB IB R E T**

Revised Date: November 9, 2018

Page 83 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

**Suboxone/Buprenorphine
Treatment**

**Marin City Health and Wellness
Center**

PHC#: 23087-0004

NPI: 1285804948

FQHC

Accepting New Patients

No Age Limitations

630 Drake Ave

Sausalito, CA 94965



Skilled Medical Interpreter Service

Primary Phone: (415) 339-8813

Primary Fax: (415) 339-8814

Mon - Fri 9:00 AM - 5:00 PM

Blomquist, Carianne, DO

◆ Family Medicine

NPI: 1255528972

License: 20A12300

Gender: Female

Spanish

Special Accommodations: Adj. Exam
Tables, Scales that weigh up to
450lbs

Telehealth Services

Direct Dermatology

PHC#: 26509

NPI: 1417263922

Available By Referral Only

No Age Limitations

Telehealth Services

Primary Phone: (855) 944-7546

Primary Fax: (800) 572-0683

Berk, David Reuben, MD

◆ Dermatology

◆ Pediatric Dermatology

NPI: 1205045192

License: A103865

Gender: Male

Chen, Richard Owguan, MD

◆ Dermatology

NPI: 1598929069

License: A105615

Gender: Male

Taiwanese

Craft, Noah Ames, MD

◆ Dermatology

NPI: 1750351193

License: A76802

Gender: Male

Spanish

David, Consuelo Veronica, MD

◆ Dermatology

NPI: 1689963340

License: A122615

Gender: Female

Spanish

Edwards, Arden Fredeking, MD

◆ Dermatology

◆ Internal Medicine

NPI: 1295994051

License: A134938

Gender: Female

Hamidi, Reyhaneh, MD

◆ Dermatology

NPI: 1144470162

License: A111135

Gender: Female

Farsi, Italian, Spanish

Kafi, Reza, MD

◆ Dermatology

NPI: 1891737201

License: A84048

Gender: Male

Lin, Julie Hsiao-Wen, MD

◆ Clinical Informatics

◆ Dermatology

NPI: 1063572907

License: C142478

Gender: Female

Tan, Belinda Hsiu Jung, MD

◆ Dermatology

◆ Dermatopathology

NPI: 1861690299

License: A100913

Gender: Female

Spanish

Venkatesan, Aruna, MD

◆ Dermatology

NPI: 1235457649

License: A113635

Gender: Female

Walker, Angela Kay, MD

◆ Dermatology

NPI: 1215163217

License: A108158

Gender: Female

Wong, David Jun Sing, MD

◆ Dermatology

NPI: 1316972201

License: A84286

Gender: Male

Thoracic Surgery

Korver, Keith F., MD

PHC#: 24004

NPI: 1790819613

Available By Referral Only

No Age Limitations

2 Bon Air Rd Ste 100

Larkspur, CA 94939

, **P,EB,IB,R**

Level of Access: Limited

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified = Trained in Cultural Competency. See Page 16 for a description of codes: **P EB IB R E T**

Revised Date: November 9, 2018

Page 84 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Primary Phone: (415) 927-0666
Primary Fax: (415) 927-6168
Mon - Fri 9:00 AM - 5:00 PM

Korver, Keith Forrest, MD

◆ Surgery
◆ Thoracic Surgery (Cardiothoracic Vascular Surgery)
NPI: 1316946130
License: G52235
Gender: Male
Spanish
Hospital Privileges: Santa Rosa Memorial Hospital

Palo Alto Medical Foundation

PHC#: 3483

NPI: 1013950807

Available By Referral Only

No Age Limitations
2340 Clay St Ste 114
San Francisco, CA 94115



Primary Phone: (415) 600-1051
Primary Fax: (415) 474-0703
Mon - Fri 9:00 AM - 5:30 PM
Sat 9:00 AM - 12:00 PM

Avery II, G James, MD

◆ Thoracic Surgery (Cardiothoracic Vascular Surgery)
NPI: 1154340289
License: G38981
Gender: Male
Hospital Privileges:
California Pacific Medical Center-California Campus
California Pacific Medical Center-Davies Campus
California Pacific Medical Center-Mission Bernal C
California Pacific Medical Center-Pacific Campus

Egrie, Glenn Duane, MD

◆ Thoracic Surgery (Cardiothoracic Vascular Surgery)
NPI: 1689646994
License: A67588
Gender: Male
Spanish
Hospital Privileges:
California Pacific Medical Center-California Campus
California Pacific Medical Center-Davies Campus
California Pacific Medical Center-Mission Bernal C
California Pacific Medical Center-Pacific Campus

Gaudiani, Vincent A, MD

◆ Thoracic Surgery (Cardiothoracic Vascular Surgery)
NPI: 1851317341
License: G39320
Gender: Male
Hospital Privileges:
California Pacific Medical Center-California Campus
California Pacific Medical Center-Davies Campus
California Pacific Medical Center-Mission Bernal C
California Pacific Medical Center-Pacific Campus

Sheridan, Brett Courtney, MD

◆ Surgery
◆ Thoracic Surgery (Cardiothoracic Vascular Surgery)
NPI: 1710072988
License: A79567
Gender: Male
Hospital Privileges:
California Pacific Medical Center-California Campus
California Pacific Medical Center-Davies Campus
California Pacific Medical Center-Mission Bernal C
California Pacific Medical Center-Pacific Campus

Fields, Katie Elizabeth, PA-C

NPI: 1619217601
License: 22785
Gender: Female

Urology

North Bay Urology

PHC#: 36775

NPI: 1659609964

Available By Referral Only

No Age Limitations
1000 S Eliseo Dr Ste 201
Greenbrae, CA 94904

Primary Phone: (415) 461-4000
Primary Fax: (415) 461-6907
www.marinhealthcare.org
Mon - Fri 9:00 AM - 4:45 PM

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified = Trained in Cultural Competency. See Page 16 for a description of codes: **P E B I B R E T**

Revised Date: November 9, 2018

Page 85 of 89

PHC SPECIALIST PROVIDERS – AVAILABLE BY REFERRAL ONLY
MARIN COUNTY DIRECTORY

Bennett, Patrick Mulvey, MD

◆ Urology

NPI: 1891713418

License: G78346

Gender: Male

Hospital Privileges: Marin General
Hospital**Neuwirth, Harry, MD**

◆ Urology

NPI: 1326067919

License: C41137

Gender: Male

Hospital Privileges: Novato
Community Hospital**Rudnick, David Mark, MD**

◆ Urology

NPI: 1285699660

License: G85214

Gender: Male

Hospital Privileges: Petaluma Valley
Hospital**Yu, Rhunjay James, MD**

◆ Urology

NPI: 1255527024

License: A101554

Gender: Male

Chinese, Mandarin
Hospital Privileges: Marin General
Hospital

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency. See Page 16 for a description of codes: ♿ **P E B I B R E T**

Revised Date: November 9, 2018

Page 86 of 89

PHC PROVIDER INDEX | MARIN COUNTY DIRECTORY

INDEX

A

Acupuncture 41, 42
 Agarwal, Anita, MD 74
 Albuja, Rosemary J, PA-C 25
 Alfrey, Edward J, MD 60
Alternative Birthing Centers 42
Ambulatory Surgery Centers 42
 Anderson, Kristin Nicole, MD 64, 73
 Athale, Ninad Ravindra, MD 26
Audiology 42, 43
 Avery II, G James, MD 85

B

Babajanian, Masis, MD 48
Bariatric Surgery 43, 44
 Basu, Anjali, MD 23
 Baumann, Amelia Grace, CNM 61, 71
 Bazalgette, Mark Burrell, MD 59
 Bedi, Ashwani Kumar, MD 48
Behavioral Health Treatment 44, 45, 46, 47
 Bein, Shelli Yael, MD 32
 Bennett, Patrick Mulvey, MD 51, 86
 Berk, David Reuben, MD 52, 84
 Bettinger, John Robert, MD 58
 Bishop, Joleen Diane, NP 61, 71
 Bliss, Robert Foster, DC 50, 51
 Blomquist, Carianne, DO 33, 84
 Blumenthal, Joseph, MD 49
 Bokser, Julie Mara, MD 28
Bolinas 21
 Bookoff, Charles N, MD 61, 71
 Brady, Brian M, MD 69
 Branco, Nelson, MD 23, 28
 Brayton, Kimberly Marie, MD 48
 Brown, Elizabeth Rachel, DO 62, 72
 Butler, Tiffany Marie, PA 57
 Byer, Jennifer Ellen Johnson, MD 61, 71
 Byers, Robert Henry, MD 77

C

Cardellini, Alexis April, MD 62, 63, 72
Cardiovascular Disease 47, 48, 49
 Carroll, Phyllis Crisostomo, FNP 30
 Cartwright, Wade Randall, MD 79
 Chang, Jennifer Shih-Yi, MD 83
 Chase, Carolyn Ruth, FNP 21, 29
 Chen, Judy Ju-Yi, MD 74
 Chen, Richard Owguan, MD 52, 84
 Cheng, Mickie Hsiao Mei, MD 56
Chiropractic 49, 50, 51
 Chopra, Sareena Jaspal, MD 24
 Christie, Suzanne Cobb, MD 24
 Clark-Sayles, Catharine Teresa, MD 22
 Clifford, Namuun Enkhbat, FNP 33
 Cohen, Michelle Elizabeth, FNP 26

Cokgor, Ilkan, MD 70
 Coleman, Patrick Scott, MD 48
 Combs, Audrey Maureen, FNP 30, 31
Community Based Adult Services CBAS 51
Comprehensive Perinatal Services Program
 CPSP 51, 52
 Craft, Noah Ames, MD 52, 84
 Cromar, Jennifer Horch, CNM 51, 61, 71
 Cunningham Jr, Emmett Thomas, MD 74

D

Dailey, Elizabeth Ann, MD 77
 David, Consuelo Veronica, MD 52, 84
 Davis, Mary Newberry, CNM 62, 72
 Davis, Russell C, DPM 81
 Davis, Wendy Zaroff, MD 58, 59
 Day, Gina M., OD 40
 DeMuth, Brian E, MD 62, 63, 72, 73
Dermatology 52, 53
Dialysis Centers 53
 Doerr-Kashani, Pamela, NP 31
 Drucker, Mark, DPM 81
 Drummond-Hay, Leslie Katherine, MD 57
 Du, Alice, PA-C 59
 Duncan, Vicki Lynn, MD 57
 Dunlap, Thomas E, MD 48
Durable Medical Equipment 53, 54, 55, 56

E

Eapen, Sarah Ellen, PA-C 52, 76, 77
 Edwards, Arden Fredeking, MD 52, 84
 Edwards, Christina Saunders, DO 27
 Egrie, Glenn Duane, MD 85
 El-Ghoneimy, Ahmed Kamal El-Din, MD 22
 Elmi, Eman, DPM 81
 Elvin, Lisa V, ANP 77
 Ely, Rachel E, CNM 62, 72
Endocrinology 56
 Estilo, Genevieve Kristina, MD 69
 Etemad, Elizabeth Landsiedel, DO 27
 Ettekal, Babak, MD 31
 Evens, Alexander Ronald, DO 67

F

Fabi, Mary Rose Lazo, MD 22
 Fahlsing, Michelle, NP 57
Family Planning 56, 57
 Fedrigo, Anthony James, DPM 81
 Fields, Katie Elizabeth, PA-C 49, 85
 Finzen, Barbara Deeken, MD 27
 Flores, Sylvia Jean, MD 62, 63, 72, 73
 Forrester, Cheri Joy, MD 33
 Fu, Arthur Devin, MD 74

G

Galland, David Bernard, MD 62, 63
 Galligan, Barbara Marie, MD 64, 73
 Garfield, Allan, MD 48
Gastroenterology 58, 59
 Gaudiani, Linda Marie, MD 56
 Gaudiani, Vincent A, MD 85
General Surgery 59, 60
 Gershengorn, Kent Norman, MD 47
 Gilbert, Sarah Mariko, NP 57
 Glatt, Patricia Anne, MD 21
 Goff, Jonathan Robert, MD 77
 Goltz, David Henry, MD 77
 Gonzalez, Carina Fabiana, MD 25
 Good, William Vance, MD 75
 Goodman, Suzan R, MD 57
 Graham, John M, MD 23
 Graven, Susan Frances, CNM 62, 72
 Greenberg, Cindy J, MD 32
 Greenberg, Joseph H, MD 53
Greenbrae 21, 22
 Gutterman, Cara, FNP 31
Gynecology 60, 61, 62, 63

H

HIV AIDS Specialists 63
 Habis, Joseph Antoine, MD 32
 Hamblin, Basil Colin, MD 29
 Hamidi, Reyhaneh, MD 52, 84
 Hamilton, Jessica Woodruff, MD 57
 Hammerman, Marc Randall, MD 31
 Hanlan, Margo Elizabeth, NP 24, 28
 Hanson, Amanda Grace, LAc 41
 Hatanaka, Jaime C., OD 40
Hearing Aid Dispenser 63, 64
 Heath, Erin Noel, MD 23, 28
 Heller, Bruce Gordon, MD 57
 Hellman, Michael David, MD 77
Hematology 64
 Herr, Jared James, MD 49
 Hessel, Tracey Michelle, MD 25
 Hoffman, Kimberly Anne, LAc 42
 Hogan, Christopher Michael, MD 58, 59
 Hollman, Jessica Catherine, MD 31
 Holzer, Diane Rene, PA-C 29
Home Health Agencies 64, 65
Home Infusion Therapy 65, 66
Hospice Services 66
Hospitals Primary 34
Hospitals Referral 34, 35, 36
 Huang, Henry Wu, MD 48
 Hvistendahl, Yngvar Alan, MD 80
 Hwang, Carolyn Rayburn, CNM 61, 71

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency. See Page 16 for a description of codes: 🏠 **P E B I B R E T**

Revised Date: November 9, 2018

Page 87 of 89

PHC PROVIDER INDEX | MARIN COUNTY DIRECTORY

I

<i>Infectious Diseases</i>	67
Ireland, Julia Hamlin, DO	33
Ito, Dena, LAC	41, 42, 52

J

Jackson, Danielle Leenora, PA	33
Jaeger, Amber Lynn, MD	62, 63, 72, 73
Jimenez, Douglas B, MD	57
Johnson, Robert Norman, MD	74
Jolley, John Joseph, MD	58
Jossart, Gregg Howard, MD	43, 59
Jumper, James Michael, MD	75

K

Kafi, Reza, MD	52, 84
Kamras, Samantha A. Goldstein, MD	31
Kaur, Shaninder, MD	28
Kelley, Leah Morton, MD	59
Kelly, Amanda Michele, PA-C	33
Kelly, Holly Creighton, MD	79
Kennedy, Abbey Lynn, MD	77
Kennedy, Sara Lynne, MD	57
Kerl, Uta Barbara, MD	24
Ketchum, Eric Smith, MD	48
Kim, Paul Hyon-Uk, MD	77
Kim, Thomas Jin, MD	77
Klapman, Gabriel H. E., MD	28
Koenig, Sara Saunders, NP	24, 28
Korver, Keith Forrest, MD	85
Krolikowski, Jeanette, DO	25
Kubrican, Tomas, MD	27

L

LaBarbara, Allyson Marie, MD	23
<i>Laboratory Draw Stations</i>	67, 68
Lance, Erin Burke, CNM	61, 71
<i>Larkspur</i>	22, 23, 24
Lawler, Mark Shannon, MD	75
Leavitt, Lisa Anne, MD	31
Lee, Crystine Mengchao, MD	43, 60
Lee, Janie Lynn, MD	31
Lee, John Sungchull, MD	24, 28
Lee, Natalie C, MD	58, 59
Levine, Claudia, MD	22
Li, Na, MD	27
Lim, Douglas Steven, ANP	23
Lin, Julie Hsiao-Wen, MD	52, 84
Livnat, Guy Shir, MD	82
Lohtia, Meenal Sunit, MD	32
Lowenthal, Sarah Stark, MD	27
Lucas, Jennifer Barbara, MD	73

M

Magliocco, Mai Sorrel, MD	31
Maionello, Michael J, MD	57, 60, 70

Maisel, Jan Ellen, MD	24, 28
Malladi, Vikram Reddy, MD	58, 59
Manulkin, Stephanie Elizabeth, FNP	21, 29
Mark, Cherilyn Rebecca, FNP	26
Matsik, Kristen Marxen, MD	62, 72
Matteo, Sheri Ann, CNM	62, 72
McCawley, Gwyneth, MD	70
McDonald, Henry Richard, MD	74, 75
<i>Medical Supplies</i>	68, 69
Meill, Jane Marten, MD	22
Meisel, Lauren Wadland, MD	31
Memmel, Lisa Marie, MD	57
Mendenhall, Ann Marie, PA-C	21, 29
<i>Mental Health Services - Outpatient</i>	36
Merjavy, Stephen A, MD	67
Metzger, Alex Samuel, MD	64, 73, 74
<i>Mill Valley</i>	24
Minnis, James Gary, MD	60
Mohebbi, Khashayar, MD	80
Muhammad, Jayvon Dupree, LM	33
Munich, Edwin S, MD	21, 29

N

<i>Nephrology</i>	69
<i>Neurology</i>	69, 70
Neuwirth, Harry, MD	86
Nickel, Bonnie Lynn, MD	74, 79
Nisam, Merrill Ralph, MD	83
<i>Novato</i>	25, 26, 27, 28
Nunnally, Janet A, NP	31
<i>Nutrition Services</i>	70

O

O'Malley, Anna Kristina, MD	21, 29
<i>Obstetrics</i>	70, 71, 72, 73
<i>Occupational Therapy</i>	73
Oechsle, Michael J, MD	77
<i>Oncology</i>	73, 74
Oo, Heyman, MD	26
<i>Ophthalmology</i>	74, 75
Oppegaard, Matthew S., OD	40
<i>Orthopaedic Surgery</i>	75, 76, 77, 78
<i>Orthotics/Prothetics</i>	78, 79
Osborn, Oliver Strong, MD	23
<i>Otolaryngology</i>	79

P

Palfy, Shelley Ann, MD	22
<i>Palliative Medicine</i>	79
Park, Sarah JeanYoung, DPM	82
Patel, Vishal Ghanshyam, MD	48
Pathi, Sujatha, MD	62, 72
Patterson, Anna-Mary Lynn, ANP	57
<i>Pediatric Ophthalmology</i>	79
Perez, Francis X, MD	22, 33
Perkins, Nelli Boykoff, MD	70
Perryman, Scott Vernon, MD	44, 60
Pham, Michael X, MD	49

<i>Pharmacy Network List</i>	36, 37, 38, 39
<i>Physical Medicine Rehabilitation</i>	79, 80
<i>Physical Therapy</i>	80
Pierce, Lasha Kim, MD	60, 70
Pirie, Alaina Elizabeth, NP	33
<i>Plastic Reconstructive Surgery</i>	80
<i>Podiatry</i>	80, 81, 82
<i>Point Reyes</i>	28, 29
Popat, Mitesh G, MD	30
Posner, Lawrence, MD	33
<i>Pt Reyes Station</i>	29
Pujals, Elisa Victoria, MD	25, 26
<i>Pulmonary Disease</i>	82, 83
Punatar, Harendra Keshavlal, MD	48

R

<i>Radiation Oncology</i>	83
<i>Radiology</i>	83
Ramirez-McLaughlin, Michale Gonzalez, FNP	25, 26
Ray, Ranjan, MD	49
Redfern, Mary A, NP	23
Reeves, Megan Darah, MD	32
Reppun, Ann, NP	52, 61, 71
Riedy, Emily Terese, NP	25
Rosenthal, Ellen Gloria, MD	30
Rudnick, David Mark, MD	86

S

<i>San Rafael</i>	29, 30, 31, 32, 33
Sanda, Anika Lal, MD	24
Santo Domingo, Noel Eustaquio, MD	48
Santucci, Stephen Albert, MD	24, 28
<i>Sausalito</i>	33
Sawyer, Sydney Kathryn, MD	32
Schiller, Richard Melvyn, DPM	81, 82
Schindler, Lydia Godoy, MD	29
Schten, Erik Paul, MD	25, 53
Sharma, Ripple, MD	58, 59
Shaw, Elizabeth Anne, MD	25, 26, 61, 71
Sheridan, Brett Courtney, MD	85
Shevick, David Abraham, LAC	42
Shore, Carolyn Magdalene, MD	22
Sieber, David Andrew, MD	80
Simon, Peter John, MD	31
Sinaiko, Robert James, MD	23
Singh, Rajdeep, FNP	32
Skidmore, Loree Ann, FNP	27
<i>Skilled Nursing Long Term Care Facilities</i>	39, 40
<i>Sleep Medicine</i>	83
Smith, Daniel Stuart, DC	50
Sockell, Mark Elliot, MD	27
Solomon, Daniel Jordan, MD	78
Southard, Melanie Rose, DO	31
Sowerby, Timothy Martin, MD	51, 58, 59
Spake, Colin Marin, NP	30, 33
<i>Speech Therapy</i>	83
Spera, Marcella, MD	24
Sponzilli, Ernest Henry, MD	77, 80
Staehelin, Melanie B, CNM	62, 72

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency. See Page 16 for a description of codes: 🏠 **P E B I B R E T**

PHC PROVIDER INDEX | MARIN COUNTY DIRECTORY

Strahm, Kathleen Irene, PA-C 77
 Stuart, Laura Emma, NP 57
 Su, Brian Wei-En, MD 77
Suboxone/Buprenorphine Treatment 84

T

Tan, Belinda Hsiu Jung, MD 52, 84
 Tang, Teresa, MD 26
Telehealth Services 84
 Teper, Irene, MD 27
 Terry, Larissa D, PsyD 46
 Thompson, F Patrick, NP 26
Thoracic Surgery 84, 85
 Tolliver, Gregg Leonard, MD 67
 Traverso, Mercedes Del Carmen, DO 26

U

Ullah, Nushrat Jahan, MD 21
Urgent Care Sites 40
Urology 85, 86

V

Vanderheym, Jeffrey Neil, DC 50, 51, 52
 Venkatesan, Aruna, MD 52, 84
Vision Service Plan (VSP)
(1-800-877-7195) 40
 Voss, Kirsten Jennifer, MD 62, 63, 72, 73

W

Walker, Angela Kay, MD 52, 84
 Wallace, Sandra Louise, MD 67
 Walters, Helene, MD 26
 Ward, John Williams, MD 22
 Webster, Anna C, CNM 57
 Weiss, Noah Daniel, MD 78
 Weldon, Barbara Jeanne, DC 50, 51, 52
 Welter, Stephen Edward, MD 27
 White, Jeanette Rene, MD 24, 28
 Wice, Melanie S, CNM 62, 72
 Wight, Linda Carol, NP 62, 72
 Wilner, Gerald Paul, MD 62, 63, 72, 73
 Wong, David Jun Sing, MD 52, 84



X

Xie, Yu, MD 49

Y

Yee, Alice, DO 23
 Yin, Anthony York Yul, MD 56
 Yoon, Jin Hee, BCBA 45
 Yu, Rhunjay James, MD 86

To verify the availability of providers, call PHC Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified  = Trained in Cultural Competency. See Page 16 for a description of codes:  **P E B I B R E T**

